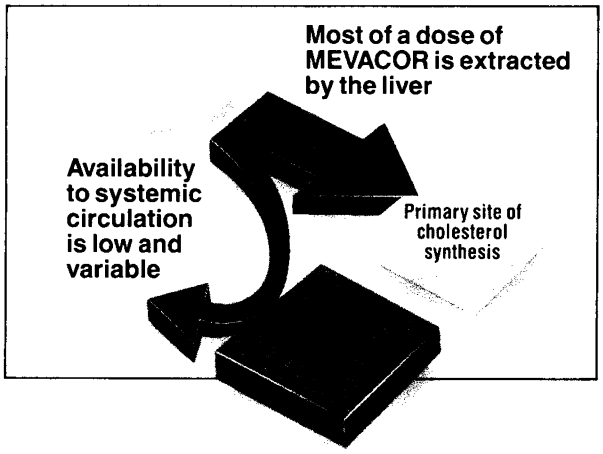
# MEVACOR works where it should: at the primary site of cholesterol synthesis

# HIGHLY SELECTIVE

MEVACOR is the first agent to selectively inhibit cholesterol production at the primary site of synthesis. This selective activity means MEVACOR is highly effective–with only a low and variable amount of active drug available for systemic circulation.




MEVACOR is contraindicated in patients who are hypersensitive to any component of the medication; in patients with active liver disease or unexplained persistent transaminase elevations; in pregnant or lactating patients; and in women of childbearing age, except when such patients are highly unlikely to conceive.

In clinical studies, marked persistent increases (to more than three times the upper limit of normal) in serum transaminases occurred in 1.9% of adult patients who received lovastatin for at least one year. It is recommended that liver function tests be performed before treatment begins, every 4 to 6 weeks during the first 15 months of therapy, and periodically thereafter in all patients.

For complete details on MEVACOR, including cautionary information regarding myopathy, drug interactions, and slit-lamp monitoring, please refer to the Prescribing Information.

**For a Brief Summary of Prescribing Information, please see the back of this advertisement.**



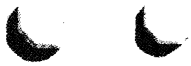
For many patients with primary hypercholesterolemia (Types IIa and IIb), when diet and other nondrug therapies are inadequate

**MEVACOR®**
(LOVASTATIN | MSD)

TABLETS, 20 mg 40 mg

MSD
MERCK SHARP & DOHME

# MEVACOR®
## (LOVASTATIN MSD)



**CONTRAINDICATIONS:** Hypersensitivity to any component of this medication.

Active liver disease or unexplained persistent elevations of serum transaminases.

Pregnancy and lactation.

Atherosclerosis is a chronic process and the discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Moreover, cholesterol and other products of the cholesterol biosynthesis pathway are essential components for fetal development, including synthesis of steroids and cell membranes. Because of the ability of inhibitors of HMG-CoA reductase such as MEVACOR® (Lovastatin, MSD) to decrease the synthesis of cholesterol and possibly other products of the cholesterol biosynthesis pathway, MEVACOR may cause fetal harm when administered to a pregnant woman. Therefore, lovastatin is contraindicated during pregnancy. Lovastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive. If the patient becomes pregnant while taking this drug, lovastatin should be discontinued and the patient should be apprised of the potential hazard to the fetus.

**WARNINGS:** ***Liver Dysfunction:*** **Marked persistent increases (to more than 3 times the upper limit of normal) in serum transaminases occurred in 1.9% of adult patients who received lovastatin for at least one year in clinical trials (see ADVERSE REACTIONS).** When the drug was interrupted or discontinued in these patients, the transaminase levels usually fell slowly to pretreatment levels. The increases usually appeared 3 to 12 months after the start of therapy with lovastatin and were not associated with jaundice or other clinical signs or symptoms. There was no evidence of hypersensitivity. A liver biopsy was done in one of these patients and showed areas of focal hepatitis. In this patient, transaminase levels returned to normal following discontinuation of therapy. Some of these patients had abnormal liver function tests prior to lovastatin therapy and/or consumed substantial quantities of alcohol.

**It is recommended that liver function tests be performed before treatment begins, every 4 to 6 weeks during the first 15 months of therapy with lovastatin, and periodically thereafter in all patients.** Special attention should be paid to patients who develop elevated serum transaminase levels, and in these patients, measurements should be repeated promptly and then performed more frequently. If the transaminase levels show evidence of progression, particularly if they rise to 3 times the upper limit of normal and are persistent, the drug should be discontinued. Liver biopsy should be considered if elevations are persistent beyond the discontinuation of the drug.

The drug should be used with caution in patients who consume substantial quantities of alcohol and/or have a past history of liver disease. Active liver disease or unexplained transaminase elevations are contraindications to the use of lovastatin.

As with other lipid-lowering agents, moderate (less than 3 times the upper limit of normal) elevations of serum transaminases have been reported following therapy with MEVACOR (see ADVERSE REACTIONS). These changes appeared soon after initiation of therapy with MEVACOR, were often transient, were not accompanied by any symptoms, and interruption of treatment was not required.

***Skeletal Muscle:*** **Several cases of rhabdomyolysis have been associated with lovastatin therapy alone, when combined with immunosuppressive therapy including cyclosporine in cardiac transplant patients, and when combined in non-transplant patients with either gemfibrozil or lipid-lowering doses (≥ 1 g/day) of nicotinic acid. Acute renal failure from rhabdomyolysis has been seen more commonly with the lovastatin-gemfibrozil combination and has also been reported in transplant patients receiving lovastatin plus cyclosporine.**

Rhabdomyolysis with or without renal impairment has been reported in seriously ill patients receiving erythromycin concomitantly with lovastatin. Therefore, patients receiving concomitant lovastatin and erythromycin should be carefully monitored.

**Fulminant rhabdomyolysis has been seen as early as 3 weeks after initiation of combined therapy with gemfibrozil and lovastatin but may be seen after several months. For these reasons, it is felt that, in most subjects who have had an unsatisfactory lipid response to either drug alone, the possible benefits of combined therapy with lovastatin and gemfibrozil do not outweigh the risks of severe myopathy, rhabdomyolysis, and acute renal failure. While it is not known whether this interaction occurs with fibrates other than gemfibrozil, myopathy and rhabdomyolysis have occasionally been associated with the use of other fibrates alone, including clofibrate. Therefore, the combined use of lovastatin with other fibrates should generally be avoided.**

**Physicians contemplating combined therapy with lovastatin and lipid-lowering doses of nicotinic acid or with immunosuppressive drugs should carefully weigh the potential benefits and risks and should carefully monitor patients for any signs and symptoms of muscle pain, tenderness, or weakness, particularly during the initial months of therapy and during any periods of upward dosage titration of either drug. Periodic CPK determinations may be considered in such situations, but there is no assurance that such monitoring will prevent the occurrence of severe myopathy. The monitoring of lovastatin drug and metabolite levels may be considered in transplant patients who are treated with immunosuppressives and lovastatin.**

**Lovastatin therapy should be temporarily withheld or discontinued in any patient with an acute, serious condition suggestive of a myopathy or having a risk factor predisposing to the development of renal failure secondary to rhabdomyolysis, including severe acute infection, hypotension, major surgery, trauma, severe metabolic, endocrine, and electrolyte disorders, and uncontrolled seizures.**

Myalgia has been associated with lovastatin therapy. Transient, mildly elevated creatine phosphokinase levels are commonly seen in lovastatin-treated patients. However, in clinical trials, approximately 0.5% of patients developed a myopathy, i.e., myalgia or muscle weakness associated with markedly elevated CPK levels. Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness, or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. Lovastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected.

Most of the patients who have developed myopathy (including rhabdomyolysis) while taking lovastatin were receiving concomitant therapy with immunosuppressive drugs, gemfibrozil, or lipid-lowering doses of nicotinic acid. In clinical trials, about 30% of patients on concomitant immunosuppressive therapy including cyclosporine developed myopathy; the corresponding percentages for gemfibrozil and niacin were approximately 5% and 2%, respectively.

In 6 patients with cardiac transplants taking immunosuppressive therapy including cyclosporine concomitantly with lovastatin 20 mg/day, the average plasma level of active metabolites derived from lovastatin was elevated to approximately 4 times the expected levels. Because of an apparent relationship between increased plasma levels of active metabolites derived from lovastatin and myopathy, the daily dosage in patients taking immunosuppressants should not exceed 20 mg/day (see DOSAGE AND ADMINISTRATION). Even at this dosage, the benefits and risks of using lovastatin in patients taking immunosuppressants should be carefully considered.

**PRECAUTIONS:** ***General:*** Before instituting therapy with MEVACOR® (Lovastatin, MSD), an attempt should be made to control hypercholesterolemia with appropriate diet, exercise, weight reduction in obese patients, and to treat other underlying medical problems (see INDICATIONS AND USAGE).

Lovastatin may elevate creatine phosphokinase and transaminase levels (see ADVERSE REACTIONS). This should be considered in the differential diagnosis of chest pain in a patient on therapy with lovastatin.

***Eye:*** There was a high prevalence of baseline lenticular opacities in the patient population included in the clinical trials with lovastatin. During these trials the appearance of new opacities was noted. The causal relationship of lovastatin to these findings has not been established.

Of 431 patients examined with slit lamp at baseline and during therapy with lovastatin, 34 had opacities reported at the final examination (5 to 15 months after starting lovastatin) that were not noted at baseline. On the other hand, in 45 patients, opacities observed at baseline were not noted at the final examination, so that the prevalence did not increase. There was no clinically significant change in visual acuity in the patients who had new opacities reported, nor was any patient, including those with opacities noted at baseline, discontinued from therapy because of a decrease in visual acuity. Nevertheless, until further experience is obtained, it is recommended that patients placed on lovastatin therapy be examined with a slit lamp before or shortly after initiation of treatment and annually thereafter.

***Homozygous Familial Hypercholesterolemia:*** MEVACOR is less effective in patients with the rare homozygous familial hypercholesterolemia, possibly because these patients have no functional LDL receptors. MEVACOR appears to be more likely to raise serum transaminases (see ADVERSE REACTIONS) in these homozygous patients.

***Drug Interactions:*** *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See WARNINGS, *Skeletal Muscle*.

*Coumarin Anticoagulants:* In a clinical trial in warfarin-treated patients designed specifically to observe a potential effect of lovastatin on the prothrombin time, lovastatin in dosages up to 40 mg b.i.d. did not produce any consistent alteration of the anticoagulant action of warfarin. However, since the drug was marketed, clinically evident bleeding and/or increased prothrombin time have been reported in a few patients taking coumarin anticoagulants concomitantly with lovastatin. The causal relationship to lovastatin is unclear. Nevertheless, it is recommended that in patients taking anticoagulants, prothrombin time be determined before starting lovastatin and frequently enough during early therapy to insure that no significant alteration of prothrombin time occurs. Once a stable prothrombin time has been documented, prothrombin times can be monitored at the intervals usually recommended for patients on coumarin anticoagulants. If the dose of lovastatin is changed, the same procedure should be repeated. Lovastatin therapy has not been associated with bleeding or with changes in prothrombin time in patients not taking anticoagulants.

*Antipyrine:* Antipyrine is a model for drugs metabolized by the microsomal hepatic enzyme system (cytochrome P450 system). Because lovastatin had no effect on the pharmacokinetics of antipyrine, interactions with other drugs metabolized via this mechanism are not expected.

*Propranolol:* In normal volunteers, there was no clinically significant pharmacokinetic or pharmacodynamic interaction with concomitant administration of single doses of lovastatin and propranolol.

*Digoxin:* In patients with hypercholesterolemia, concomitant administration of lovastatin and digoxin resulted in no effect on digoxin plasma concentrations.

*Other Concomitant Therapy:* Although specific interaction studies were not performed, in clinical studies, lovastatin was used concomitantly with beta blockers, calcium channel blockers, diuretics, and nonsteroidal anti-inflammatory drugs (NSAIDs) without evidence of clinically significant adverse interactions.

***Carcinogenesis, Mutagenesis, Impairment of Fertility:*** In a 21-month carcinogenic study in mice, a statistically significant ($p < 0.05$) increase in the incidence of hepatocellular carcinomas and adenomas was observed at doses of 500 mg/kg/day (312 times the maximum recommended human dose) of lovastatin. These changes were not seen in mice given doses of 20 and 100 mg/kg/day (12.5 and 62.5 times the maximum recommended human dose).

A statistically significant increase ($p \leq 0.05$) in the incidence of pulmonary adenomas was seen in female mice receiving 500 mg/kg/day (312 times the maximum recommended human dose); no similar changes were seen in males at any dose or in females receiving 20 or 100 mg/kg/day (12.5 or 62.5 times the maximum recommended human dose). Because the incidence of pulmonary tumors was within the range of untreated animals in studies of similar duration, the relationship of this latter change to treatment is not known.

In addition, an increase in the incidence of papilloma in the non-glandular mucosa of the stomach was observed in mice receiving 100 and 500 mg/kg/day (62.5 and 312 times the maximum recommended human dose); no increase was seen at a dosage of 20 mg/kg/day (12.5 times the maximum recommended human dose). The glandular mucosa was not affected. The human stomach contains only glandular mucosa. Importantly, there is a strong association between this change and hyperplasia of the squamous epithelium (acanthosis) in this region; acanthosis is a characteristic change observed in the non-glandular mucosa of rodents treated with HMG-CoA reductase inhibitors and is most probably a result of inhibition of the reductase in this tissue.

Similar squamous epithelium is found in the esophagus and anorectal junction of the mouse and rat; however, no evidence of a similar drug-induced hyperplastic response was observed in these tissues in studies of up to 21 months in the mouse given up to 500 mg/kg/day (312 times the maximum recommended human dose), or in a study of 24 months in the rat given 180 mg/kg/day (112 times the maximum recommended human dose).

In a 24-month carcinogenicity study in rats, there was a positive dose response relationship for hepatocellular carcinogenicity in males (unadjusted $p = 0.025$). However, because the incidence of hepatocellular carcinogenicity observed in male rats in this study is similar to that observed spontaneously in this strain of rat, the implications of this finding are unclear.

No evidence of mutagenicity was observed in a microbial mutagen test using mutant strains of *Salmonella typhimurium* with or without rat or mouse liver metabolic activation. In addition, no evidence of damage to genetic material was noted in an *in vitro* alkaline elution assay using rat or mouse hepatocytes, a V-79 mammalian cell forward mutation study, an *in vitro* chromosome aberration study in CHO cells, or an *in vivo* chromosomal aberration assay in mouse bone marrow.

No drug-related effects on fertility were found in studies with rats.

***Pregnancy:*** Pregnancy Category X. See CONTRAINDICATIONS.

Lovastatin has been shown to produce skeletal malformations in the rat fetus at doses of 800 mg/kg/day (500 times the maximum recommended human dose). At similar doses in mice, an increase in skeletal malformations was observed. These individual changes are within the range of those observed spontaneously in this strain of mouse. No drug-induced changes were seen in either species at doses of up to 80 mg/kg/day (50 times the maximum recommended human dose). No evidence of malformations was noted in rabbits at up to 15 mg/kg/day (highest tolerated dose – about 9 times the maximum recommended human dose). There are no data in pregnant women.

***Nursing Mothers:*** Studies in rats have shown that lovastatin is excreted in the milk. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from MEVACOR, women taking lovastatin should not nurse their infants (see CONTRAINDICATIONS).

***Pediatric Use:*** Safety and effectiveness in children have not been established. Because children are not likely to benefit from cholesterol lowering for at least a decade and because experience with this drug is limited (no studies in subjects below the age of 20 years), treatment of children with lovastatin is not recommended at this time.

**ADVERSE REACTIONS:** MEVACOR® (Lovastatin, MSD) is generally well tolerated; adverse reactions usually have been mild and transient. Less than 1% of patients were discontinued from controlled clinical studies due to adverse experiences attributable to MEVACOR. About 2% of patients were discontinued from all studies (controlled and uncontrolled) due to adverse experiences attributable to MEVACOR; about one-third of these patients were discontinued due to increases in serum transaminases.

***Clinical Adverse Experiences:*** Adverse experiences reported in patients treated with MEVACOR [illegible] are shown in the table below.

| | MEVACOR [illegible] (N = 88) % | Placebo (N = 96) % | MEVACOR 40 mg (N = 97) % | Probucol (N = 97) % |
|---|---|---|---|---|
| Gastrointestinal | | | | |
| Constipation | 4.9 | — | 34.1 | 2.1 |
| Diarrhea | 5.5 | 4.9 | 8.0 | 10.3 |
| Dyspepsia | 3.9 | — | 13.6 | 3.1 |
| Flatus | 6.4 | 2.4 | 21.6 | 2.1 |
| Abdominal pain cramps | 5.7 | 2.4 | 5.7 | 5.2 |
| Heartburn | 1.6 | — | 8.0 | — |
| Nausea | [illegible]7 | 3.7 | 9.1 | 6.2 |
| Musculoskeletal | | | | |
| [illegible] | [illegible]1 | | 1.1 | — |
| Nervous System [illegible] | | | — | — |
| [illegible] | 2.0 | 1.2 | — | 1.0 |
| [illegible]dache | 9.3 | 7.9 | 4.5 | 8.2 |
| Skin | | | | |
| Rash pruritus | [illegible]2 | | 4.5 | — |
| Special Sen[illegible] | | | | |
| Blurred [illegible]on | 1.5 | — | 1.1 | 3.1 |
| Dysgeusia | 0.8 | — | 1.1 | — |



***Laboratory Tests:*** Marked persistent increases of serum transaminases have been noted (see WARNINGS).

About 11% of patients had elevations of creatine phosphokinase (CPK) levels of at least twice the normal value on one or more occasions. The corresponding values for the control agents were cholestyramine, 9%, and probucol, 2%. This was attributable to the noncardiac fraction of CPK. Large increases in CPK have sometimes been reported (see WARNINGS, *Skeletal Muscle*).

***Concomitant Therapy:*** In controlled clinical studies in which lovastatin was administered concomitantly with cholestyramine, no adverse reactions peculiar to this concomitant treatment were observed. The adverse reactions that occurred were limited to those reported previously with lovastatin or cholestyramine. Other lipid-lowering agents were not administered concomitantly with lovastatin during controlled clinical studies. In uncontrolled clinical studies, most of the patients who have developed myopathy were receiving concomitant therapy with immunosuppressive drugs, gemfibrozil, or niacin (nicotinic acid) (see WARNINGS, *Skeletal Muscle*).

***Uncontrolled Clinical Studies:*** The adverse experiences observed in uncontrolled studies were similar to those seen in controlled clinical studies. Abnormal liver function tests were observed at a higher incidence than in the controlled studies (see WARNINGS, *Liver Dysfunction*). Myopathy (myalgia with marked CPK elevations) was reported in approximately 0.5% of patients (see WARNINGS, *Skeletal Muscle*).

***Causal Relationship Unclear:*** *Nervous System:* Peripheral neuropathy has been reported; the relationship to lovastatin is uncertain. Visual evoked response, nerve conduction measurements, and electromyography in over 30 patients showed no evidence of neurotoxic effects of lovastatin.

*Special Senses:* Of 431 patients examined with slit lamp at baseline and during therapy with lovastatin, 34 had opacities reported at the final examination (5 to 15 months after starting lovastatin) that were not noted at baseline. On the other hand, in 45 patients, opacities observed at baseline were not noted at the final examination, so that the prevalence did not increase (see PRECAUTIONS).

***Post-marketing Experience:*** Additional adverse experiences occurring since the drug was marketed are listed below:

*Clinical Adverse Experiences*

*Gastrointestinal:* Hepatitis, cholestatic jaundice, anorexia, vomiting.

*Hypersensitivity Reactions:* An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus-like syndrome, polymyalgia rheumatica, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, flushing, malaise, and dyspnea.

*Nervous System Psychiatric:* Psychic disturbances, including anxiety; paresthesia.

*Skin:* Erythema multiforme, including Stevens-Johnson syndrome; toxic epidermal necrolysis.

*Causal Relationship Unknown*

*Gastrointestinal:* Pancreatitis, stomatitis.

*Skin:* Alopecia.

*Nervous System Psychiatric:* Depression, insomnia.

*Metabolic:* Edema.

*Clinical Laboratory Test Findings*

*Liver Function Tests:* Liver function test abnormalities, including elevated alkaline phosphatase and bilirubin.

*Thyroid Function Tests:* Rare reports of thyroid function test abnormalities in patients taking concomitant thyroxine.

**OVERDOSAGE:** The oral $LD_{50}$ of MEVACOR in mice is 20 g/kg.

Five healthy human volunteers have received up to 200 mg of lovastatin as a single dose without clinically significant adverse experiences. A few cases of accidental overdosage have been reported; no patients had any specific symptoms, and all patients recovered without sequelae. The maximum dose taken was 5 to 6 g.

Until further experience is obtained, no specific treatment of overdosage with MEVACOR can be recommended.

The dialyzability of lovastatin and its metabolites in man is not known at present.

**DOSAGE AND ADMINISTRATION:** The patient should be placed on a standard cholesterol-lowering diet before receiving MEVACOR and should continue on this diet during treatment with MEVACOR. MEVACOR should be given with meals.

The recommended starting dose is 20 mg once a day, given with the evening meal. The recommended dosing range is 20 to 80 mg/day in single or divided doses; the maximum recommended dose is 80 mg/day. Adjustments of dosage should be made at intervals of 4 weeks or more. Doses should be individualized according to the patient's response (see Tables I to IV under CLINICAL PHARMACOLOGY, *Clinical Studies* for dose response results).

For those patients with severely elevated serum cholesterol levels (i.e., >300 mg/dL [7.8 mmol/L] on diet), MEVACOR may be initiated at 40 mg/day.

In patients taking immunosuppressive drugs concomitantly with lovastatin (see WARNINGS, *Skeletal Muscle*), the maximum recommended dosage is 20 mg/day.

Cholesterol levels should be monitored periodically and consideration should be given to reducing the dosage of MEVACOR if cholesterol levels fall below the targeted range.

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**For more detailed information, consult your MSD Representative or see Prescribing Information, Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, PA 19486.** J0MC48R(510)

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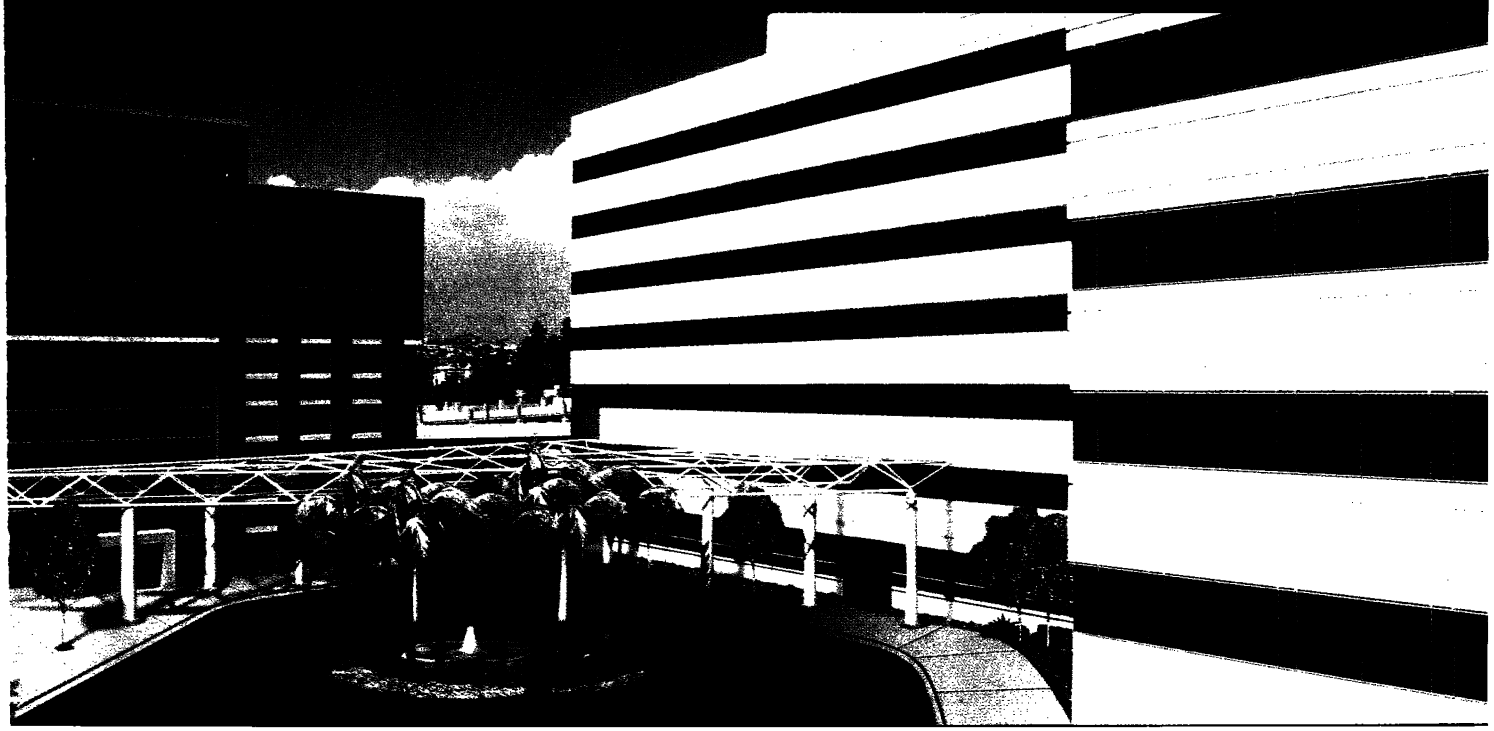

The ideal hospital will have gifted physicians committed to preserving and improving the greatest gift of all — life.

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Her anxiolytic is working—but she's alert, functioning, and at no risk of a benzodiazepine withdrawal syndrome when therapy ends.

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## BuSpar relieves anxiety and returns your patient to normal activity

...with no more sedation (10%) than induced by placebo (9%)[1]
...without inducing significant cognitive[2] or functional impairment*
...without producing a benzodiazepine withdrawal syndrome[3] upon discontinuation

*Effective choice for anxiety*

# BuSpar®

Tablets, 5 mg and 10 mg

# (buspirone HCl)

***for a different kind of calm***

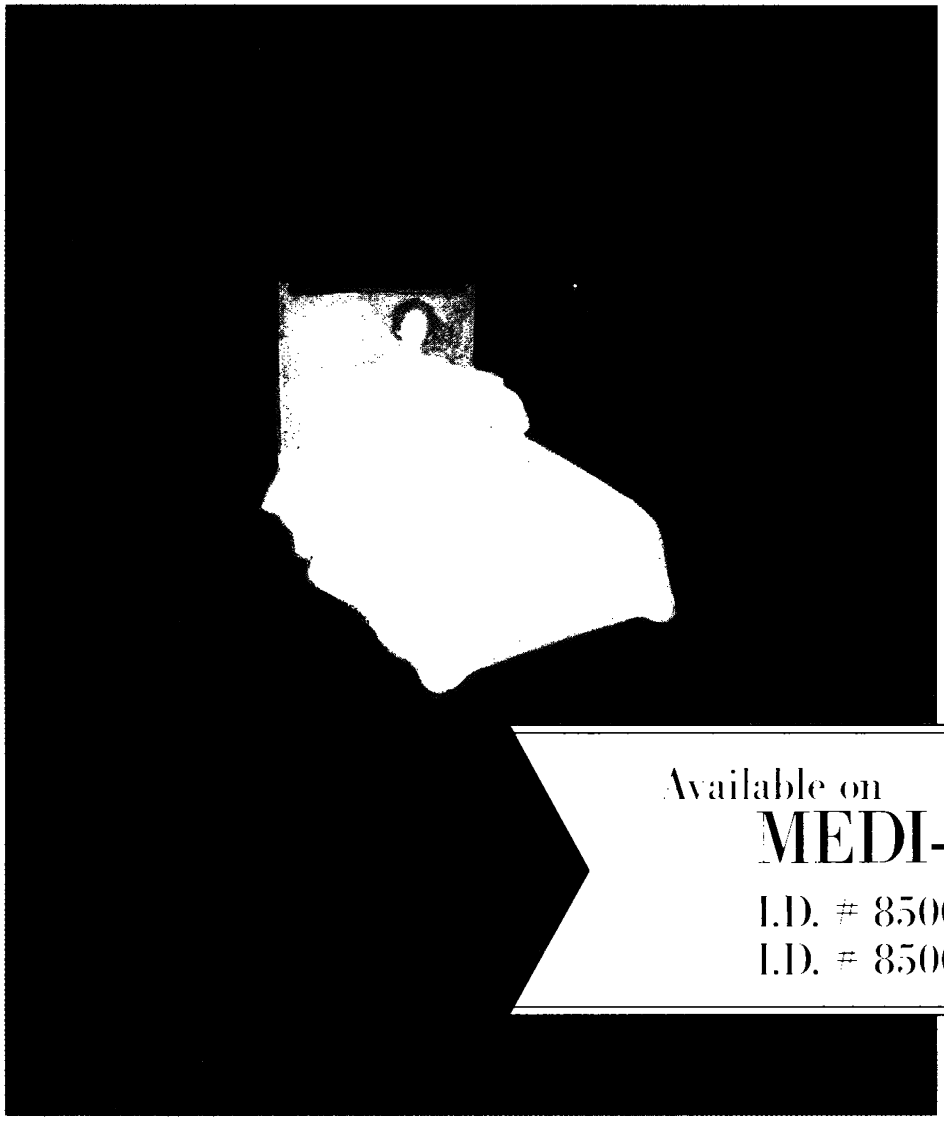
*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

**For Brief Summary, please see following page.**



MJL8-4270

# Finally, for patients who dream of sleep...



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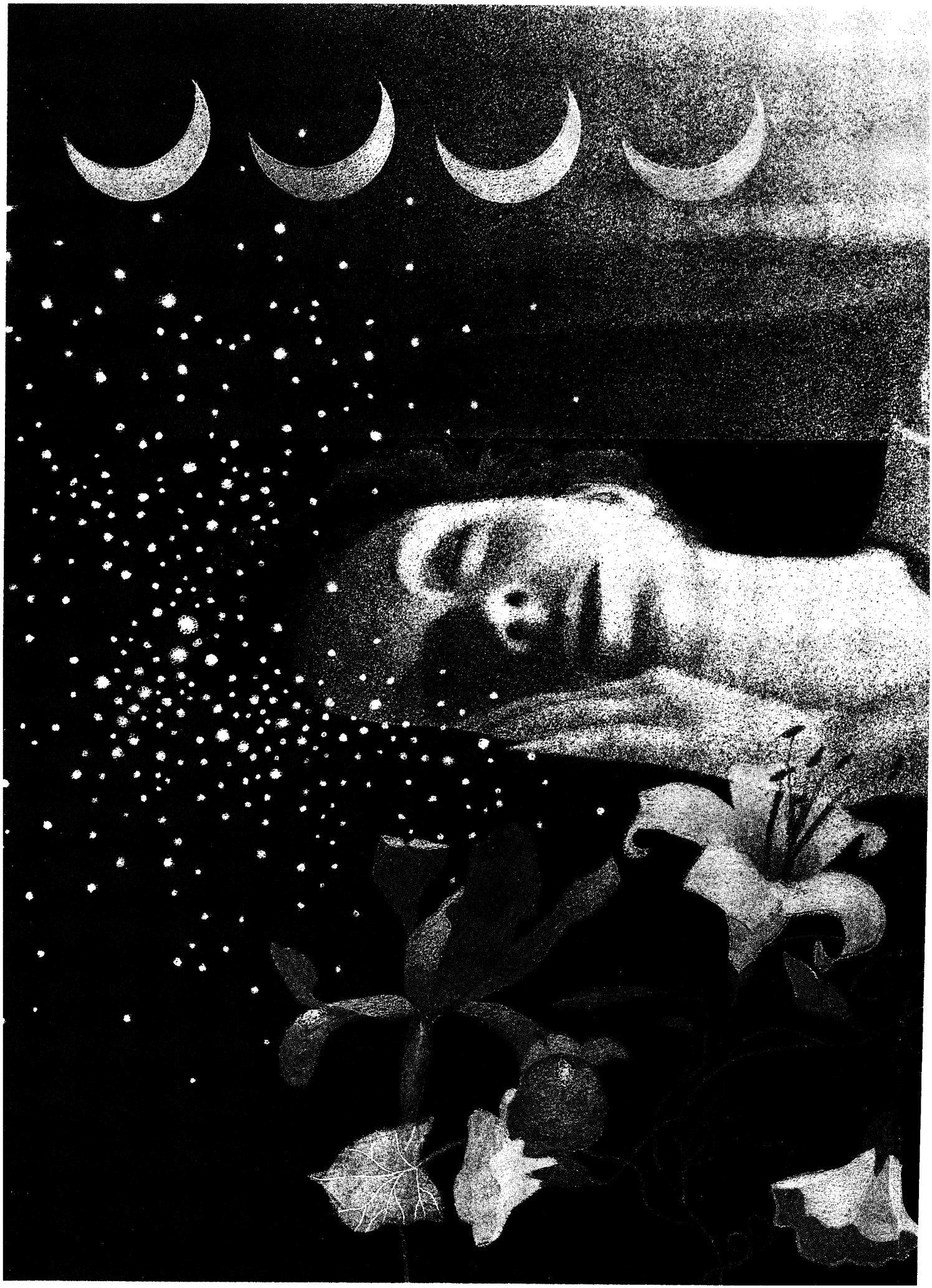

# The sleep of their dreams

## A rapid, yet gentle onset

Clinical studies have demonstrated that ProSom initiates sleep within 15 to 30 minutes after bedtime.[1,2] Patients' responses in both short- and long-term sleep laboratory and outpatient efficacy studies indicated significant improvements in their ability to fall asleep.[1-3]

## A full night's duration

ProSom provides an average of 6 to 8 hours of improved sleep, with a significant reduction in nocturnal awakenings and wake time during sleep.[1-5] In fact, throughout multiple, independent efficacy studies, ProSom was shown to significantly improve *every* measure of sleep.[1-5]

## A clear return to morning

Daytime performance with ProSom was shown to be comparable to placebo-treated patients, with performance deficits, if any, shown to be short and transient.[6] And clinical studies, including a 10-week efficacy trial, demonstrated no anterograde amnesia or short-term memory impairment.[6,7]

NEW

**ProSom™**
estazolam C-IV

When sleep doesn't come naturally

Please see brief summary of prescribing information on following page.

NEW

# ProSom™
## estazolam C-IV

# The sleep of their dreams

- A rapid, yet gentle onset
- A full night's duration
- A clear return to morning

℞

ProSom
2mg
Sig: 1 tablet h.s.
for sleep

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**References:**

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**Brief Summary**

**CLINICAL PHARMACOLOGY:**

The range of estimates for the elimination half-life varied from 10 to 24 hours. Benzodiazepine clearance is accelerated in smokers compared to nonsmokers, and there is evidence that this occurs with estazolam. This decrease in half-life, presumably due to enzyme induction by smoking, is consistent with other drugs with similar hepatic clearance characteristics. In all subjects the mean elimination half-life appears to be independent of the dose.

**CONTRAINDICATIONS:**

Contraindicated in pregnant women due to potential fetal damage. Women of childbearing age should be warned of the potential risk to the fetus.

**WARNINGS:**

Due to CNS-depressant effects patients should be cautioned against engaging in hazardous occupations requiring complete mental alertness and about possible combined effects with alcohol and other CNS-depressant drugs.

As with all benzodiazepines, amnesia, paradoxical reactions, and other adverse behavioral effects may occur.

There have been reports of withdrawal symptoms of the type associated with CNS depressants following rapid decrease or abrupt discontinuation of benzodiazepines (see DRUG ABUSE AND DEPENDENCE).

**PRECAUTIONS:**

*General:* Impaired motor and/or cognitive performance attributable to accumulation of benzodiazepines and active metabolites is a concern in certain patients (eg, those sensitive to benzodiazepines or those with a reduced capacity to metabolize and eliminate them) (see DOSAGE AND ADMINISTRATION). Elderly or debilitated patients and those with impaired renal or hepatic function should be advised to monitor themselves for signs of excessive sedation or impaired conditions.

May cause dose-related respiratory depression that is ordinarily not clinically relevant at recommended doses in patients with normal respiratory function. Monitor patients with compromised respiratory function appropriately.

Administered with caution to patients exhibiting symptoms of depression. Suicidal tendencies and intentional overdosage is more common in such patients.

*Information for Patients:* Inform patients about consumption of alcohol and other drugs; possible fetal damage and excretion in breast milk; hazards of operating machinery or driving; not increasing dose; and worsening of sleep after abrupt discontinuation.

*Laboratory Tests:* Not ordinarily required in healthy patients. When treatment is protracted, periodic blood counts, urinalysis, and blood chemistry analyses are advisable.

*Drug Interactions:* Benzodiazepines may be potentiated by anticonvulsants, antihistamines, alcohol, barbiturates, monoamine oxidase inhibitors, narcotics, phenothiazines, psychotropic medications, or other drugs that produce CNS depression. Smokers have increased clearance of benzodiazepines (see CLINICAL PHARMACOLOGY).

*Carcinogenesis, Mutagenesis, Impairment of Fertility:* Two-year carcinogenicity studies were conducted in mice and rats at doses of 0.8, 3, and 10 mg/kg/day and 0.5, 2, and 10 mg/kg/day, respectively. Evidence of tumorigenicity was not observed. Hyperplastic liver nodules were increased in female mice given mid- and high doses. The significance of such nodules in mice is not known. *In vitro* and *in vivo* mutagenicity tests did not show a mutagenic potential. Fertility in male and female rats was not affected by doses up to 30 times the usual recommended human dose.

*Pregnancy:* May cause fetal damage if administered during pregnancy. The child born of a mother taking benzodiazepines may be at risk for withdrawal symptoms and neonatal flaccidity during the postnatal period.

*Labor and Delivery:* No established use.

*Nursing Mothers:* Use in nursing mothers is not recommended.

*Pediatric Use:* Safety and effectiveness below the age of 18 not established.

*Geriatric Use:* Approximately 18% of patients studied were 60 years or older. The adverse event profile did not differ from that observed in younger individuals. Exercise care when prescribing to small or debilitated elderly patients (see DOSAGE AND ADMINISTRATION).

**ADVERSE REACTIONS:**

During clinical trials in which ProSom was administered to 1277 patients, the most commonly observed adverse events were somnolence, hypokinesia, dizziness, and abnormal coordination. The events listed below were also observed. Although these events occurred during treatment with ProSom, they were not necessarily caused by it.

*Body as a Whole:* abdominal pain, allergic reaction, asthenia, back pain, body pain, chest pain, chills, edema, fever, headache, jaw pain, lower extremity pain, malaise, neck pain, swollen breast, upper extremity pain; *Cardiovascular System:* arrhythmia, flushing, palpitation, syncope; *Digestive System:* constipation, decreased appetite, dry mouth, dyspepsia, enterocolitis, flatulence, gastritis, increased appetite, melena, mouth ulceration, nausea, vomiting; *Endocrine System:* thyroid nodule; *Hematologic and Lymphatic System:* leukopenia, purpura, swollen lymph nodes; *Metabolic/Nutritional Disorders:* increased SGOT, thirst, weight gain, weight loss; *Musculoskeletal System:* arthralgia, arthritis, muscle spasm, myalgia, stiffness; *Nervous System:* agitation, amnesia, anxiety, apathy, ataxia, circumoral paresthesia, confusion, coordination abnormal, decreased libido, decreased reflexes, depression, dizziness, dream abnormal, emotional lability, euphoria, hallucinations, hangover, hostility, hypokinesia, nervousness, neuritis, nystagmus, paresthesia, seizure, sleep disorder, somnolence, stupor, thinking abnormal, tremor, twitch. Minor changes in EEG patterns, usually low-voltage fast activity, were observed during therapy or withdrawal and are of no known clinical significance; *Respiratory System:* asthma, cold symptoms, cough, dyspnea, epistaxis, hyperventilation, laryngitis, pharynigits, rhinitis, sinusitis; *Skin and Appendages:* acne, dry skin, pruritis, rash, sweating, urticaria; *Special Senses:* abnormal vision, decreased hearing, diplopia, ear pain, eye irritation, eye pain, eye swelling, perverse taste, photophobia, scotomata, tinnitus; *Urogenital System:* frequent urination, hematuria, menstrual cramps, nocturia, oliguria, penile discharge, urinary hesitancy, urinary incontinence, urinary urgency, vaginal discharge/itching; *Postintroduction Reports:* Voluntary reports from non-US postmarketing experience have included rare occurrences of photosensitivity and agranulocytosis. Due to the uncontrolled nature of these reports, a casual relationship has not been determined.

**DRUG ABUSE AND DEPENDENCE:**

*Controlled Substance:* Schedule IV. *Abuse and Dependence:* Withdrawal symptoms have occurred following abrupt discontinuation of benzodiazepines. Symptoms range from mild dysphoria and insomnia to abdominal and muscle cramps, vomiting, sweating, tremors, and convulsions. Patients with a history of seizures are at increased risk. Withdraw gradually in patients taking benzodiazepines for a prolonged period. Monitor addiction-prone patients closely.

**DOSAGE AND ADMINISTRATION:**

Initial dose for adult and healthy elderly patients is 1-2 mg at bedtime. Increase dose carefully in the elderly. Consider an initial dose of 0.5 mg in small or debilitated older patients.

**HOW SUPPLIED:**

Available in 1 mg and 2 mg scored tablets.

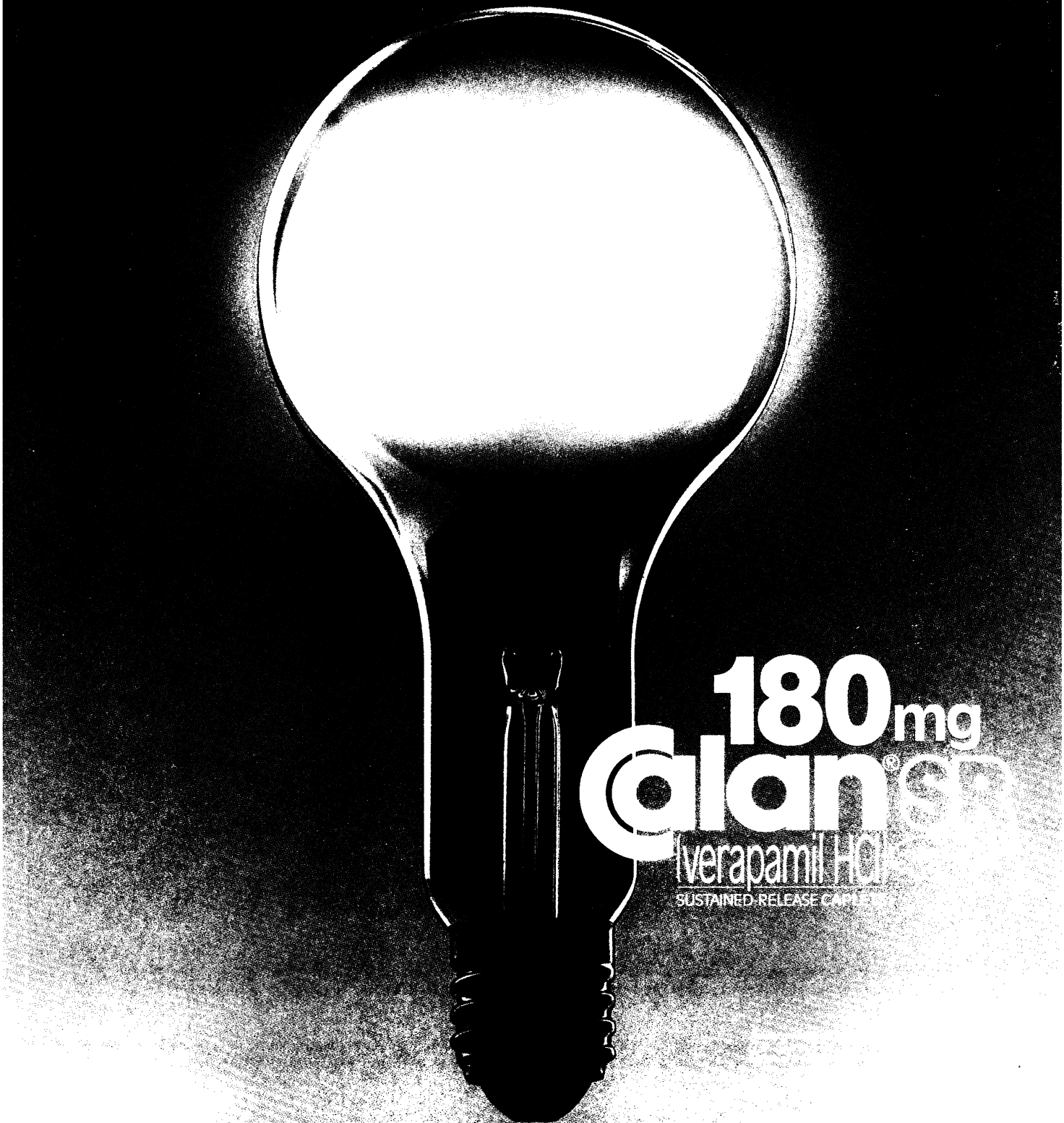
Store below 86°F (30°C).

Revised: January, 1991



1023934B

# A BRIGHT IDEA TO START WITH...



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# LOPID® 600-mg Tablets

# (gemfibrozil)

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# COMMITTED TO EXCELLENCE

## *Roche Laboratories presents the winners of the 1990*

ROCHE PRESIDENT'S ACHIEVEMENT AWARD

Please join us in honoring these outstanding Roche sales representatives who have distinguished themselves by a truly exceptional level of professionalism, performance and dedication to quality health care.

Throughout the year, each of these award-winning individuals has consistently exemplified the Roche Commitment to Excellence, and we're proud to invite you to share in congratulating them on their achievement.


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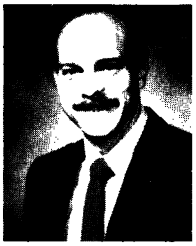
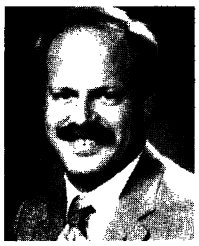
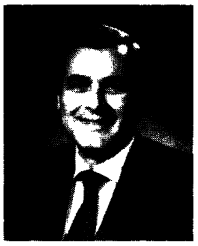

Robert S. Hochberg


Robert C. Carlson


Jeff W. Ford


William V. Hodge


Tim J. Hutsko


Robert J. Krause

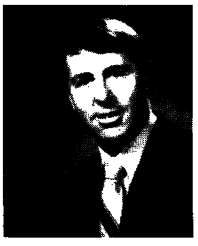

Catherine L. Kreusser


Barbara J. Lee


Randy P. Lewis


Kathleen Moore-Dixon


Ryan B. Packard

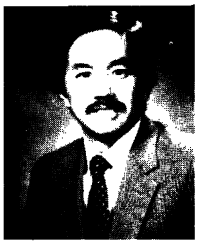

Jerald S. Parkinson


Donna L. Smith


Robert F. Thomas

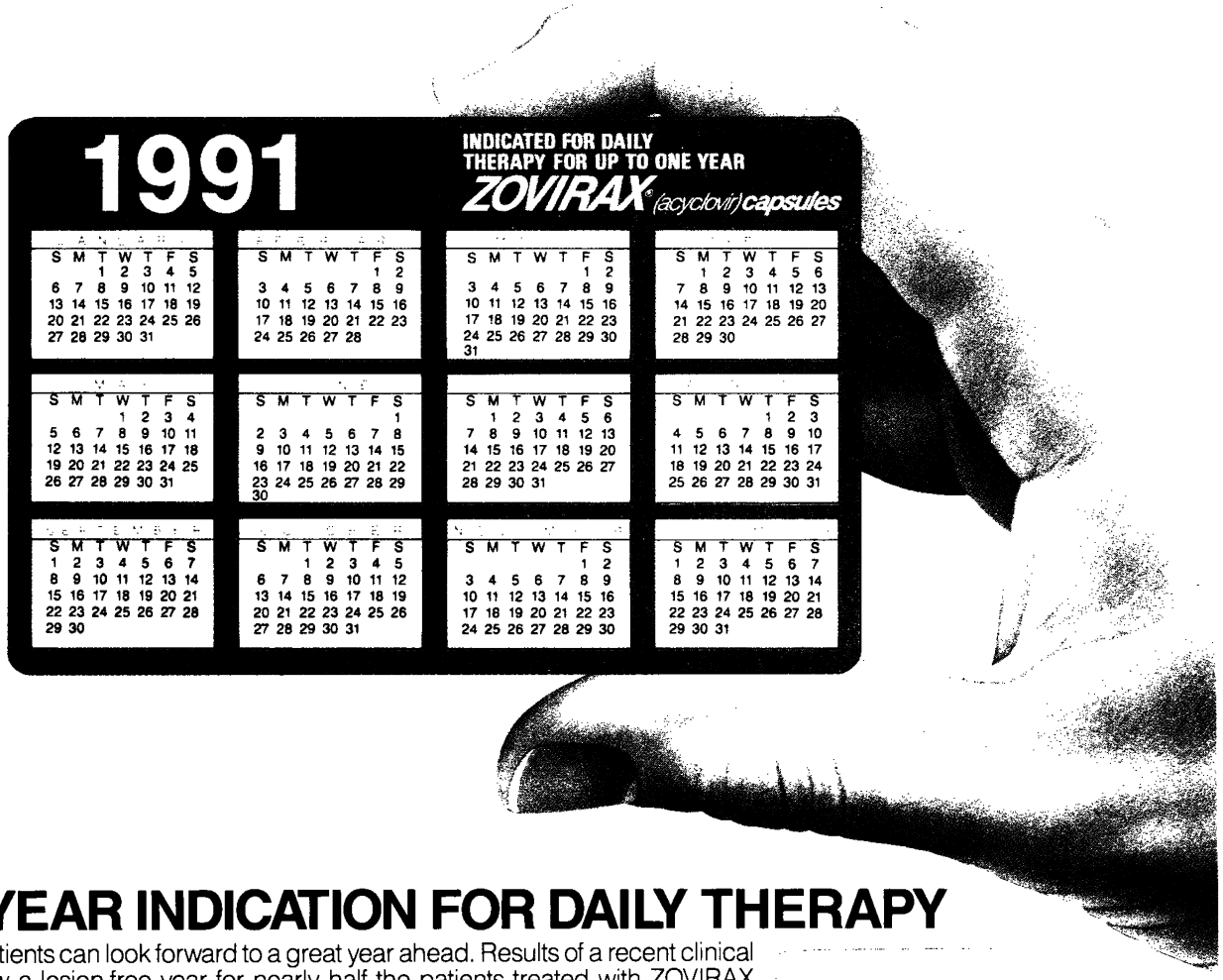

David A. Weinstein


Suellen M. White


Arnold M. Yee

Turn the page to see one of the many ways your award-winning Roche representative can assist you and your patients.

# ANNOUNCING A GREAT YEAR AHEAD FOR HERPES PATIENTS

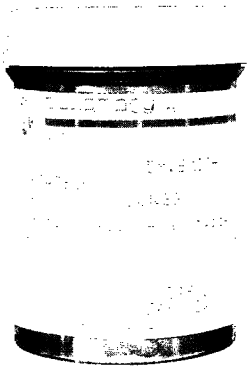



## 1-YEAR INDICATION FOR DAILY THERAPY

Herpes patients can look forward to a great year ahead. Results of a recent clinical study show a lesion-free year for nearly half the patients treated with ZOVIRAX Capsules 400 mg b.i.d.*[1] For all ZOVIRAX Capsule recipients, recurrences during the study year were limited to a mean of 1.8, compared with a mean of 11.4 for placebo recipients.[1]

Daily use was also shown to be well tolerated. And this extended clinical study demonstrated no evidence of cumulative toxicity and no change in acyclovir sensitivity.[1,2]

Prescribe daily ZOVIRAX Capsule therapy...and help keep your patients lesion-free longer.†



*Alternate maintenance regimens range from 200 mg t.i.d. to 200 mg five times daily.

†In a controlled study of 3 years' duration, 45%, 52%, and 63% of patients remained free of recurrences in the first, second, and third years, respectively.[3]

Please see brief summary of prescribing information on adjacent page.

**ZOVIRAX®**
**(acyclovir) capsules**

**KEEPS HERPES PATIENTS LESION-FREE LONGER†**

# ZOVIRAX® CAPSULES
# ZOVIRAX® SUSPENSION
## (ACYCLOVIR)

**BRIEF SUMMARY**

**INDICATIONS AND USAGE:** Zovirax Capsules and Suspension are indicated for the treatment of initial episodes and the management of recurrent episodes of genital herpes in certain patients.

Zovirax Capsules and Suspension are also indicated for the acute treatment of herpes zoster (shingles).

**Genital Herpes Infections:** The severity of disease is variable depending upon the immune status of the patient, the frequency and duration of episodes, and the degree of cutaneous or systemic involvement. These factors should determine patient management, which may include symptomatic support and counseling only, or the institution of specific therapy. The physical, emotional and psycho-social difficulties posed by herpes infections as well as the degree of debilitation, particularly in immunocompromised patients, are unique for each patient, and the physician should determine therapeutic alternatives based on his or her understanding of the individual patient's needs. Thus orally administered Zovirax is not appropriate in treating all genital herpes infections. The following guidelines may be useful in weighing the benefit/risk considerations in specific disease categories:

***First Episodes*** (primary and nonprimary infections—commonly known as initial genital herpes):

Double-blind, placebo-controlled studies have demonstrated that orally administered Zovirax significantly reduced the duration of acute infection (detection of virus in lesions by tissue culture) and lesion healing. The duration of pain and new lesion formation was decreased in some patient groups. The promptness of initiation of therapy and/or the patient's prior exposure to Herpes simplex virus may influence the degree of benefit from therapy. Patients with mild disease may derive less benefit than those with more severe episodes. In patients with extremely severe episodes, in which prostration, central nervous system involvement, urinary retention or inability to take oral medication require hospitalization and more aggressive management, therapy may be best initiated with intravenous Zovirax.

***Recurrent Episodes:***

Double-blind, placebo-controlled studies in patients with frequent recurrences (6 or more episodes per year) have shown that orally administered Zovirax given daily for 4 months to 3 years prevented or reduced the frequency and/or severity of recurrences in greater than 95% of patients.

In a study of 283 patients who received 400 mg (two 200 mg capsules) twice daily for 3 years, 45%, 52% and 63% of patients remained free of recurrences in the first, second and third years, respectively. Serial analyses of the 3 month recurrence rates for the 283 patients showed that 71% to 87% were recurrence-free in each quarter, indicating that the effects are consistent over time.

The frequency and severity of episodes of untreated genital herpes may change over time. After 1 year of therapy, the frequency and severity of the patient's genital herpes infection should be re-evaluated to assess the need for continuation of acyclovir therapy. Re-evaluation will usually require a trial off acyclovir to assess the need for reinstitution of suppressive therapy. Some patients, such as those with very frequent or severe episodes before treatment, may warrant uninterrupted suppression for more than a year.

Chronic suppressive therapy is most appropriate when, in the judgement of the physician, the benefits of such a regimen outweigh known or potential adverse effects. In general, orally administered Zovirax should not be used for the suppression of recurrent disease in mildly affected patients. Unanswered questions concerning the relevance to humans of *in vitro* mutagenicity studies and reproductive toxicity studies in animals given high parenteral doses of acyclovir for short periods (see Carcinogenesis, Mutagenesis, Impairment of Fertility) should be borne in mind when designing long-term management for individual patients. Discussion of these issues with patients will provide them the opportunity to weigh the potential for toxicity against the severity of their disease. Thus, this regimen should be considered only for appropriate patients with annual re-evaluation.

Limited studies have shown that there are certain patients for whom intermittent short-term treatment of recurrent episodes is effective. This approach may be more appropriate than a suppressive regimen in patients with infrequent recurrences.

Immunocompromised patients with recurrent herpes infections can be treated with either intermittent or chronic suppressive therapy. Clinically significant resistance, although rare, is more likely to be seen with prolonged or repeated therapy in severely immunocompromised patients with active lesions.

**Herpes Zoster Infections:** In a double-blind, placebo-controlled study of 187 normal patients with localized cutaneous zoster infection (93 randomized to Zovirax and 94 to placebo), Zovirax (800 mg 5 times daily for 10 days) shortened the times to lesion scabbing, healing and complete cessation of pain, and reduced the duration of viral shedding and the duration of new lesion formation.

In a similar double-blind, placebo-controlled study in 83 normal patients with herpes zoster (40 randomized to Zovirax and 43 to placebo), Zovirax (800 mg 5 times daily for 7 days) shortened the times to complete lesion scabbing, healing, and cessation of pain, reduced the duration of new lesion formation, and reduced the prevalence of localized zoster-associated neurologic symptoms (paresthesia, dysesthesia or hyperesthesia).

**CONTRAINDICATIONS:** Zovirax Capsules and Suspension are contraindicated for patients who develop hypersensitivity or intolerance to the components of the formulations.

**WARNINGS:** Zovirax Capsules and Suspension are intended for oral ingestion only.

**PRECAUTIONS: General:** Zovirax has caused decreased spermatogenesis at high parenteral doses in some animals and mutagenesis in some acute studies at high concentrations of drug (see PRECAUTIONS — Carcinogenesis, Mutagenesis, Impairment of Fertility). The recommended dosage should not be exceeded (see DOSAGE AND ADMINISTRATION).

Exposure of Herpes simplex and varicella-zoster isolates to acyclovir *in vitro* can lead to the emergence of less sensitive viruses. The possibility of the appearance of less sensitive viruses in man must be borne in mind when treating patients. The relationship between the *in vitro* sensitivity of Herpes simplex or varicella-zoster virus to acyclovir and clinical response to therapy has yet to be established (see CLINICAL PHARMACOLOGY-Microbiology).

Because of the possibility that less sensitive virus may be selected in patients who are receiving acyclovir, all patients should be advised to take particular care to avoid potential transmission of virus if active lesions are present while they are on therapy. In severely immunocompromised patients, the physician should be aware that prolonged or repeated courses of acyclovir may result in selection of resistant viruses which may not fully respond to continued acyclovir therapy.

**Drug Interactions:** Co-administration of probenecid with intravenous acyclovir has been shown to increase the mean half-life and the area under the concentration-time curve. Urinary excretion and renal clearance were correspondingly reduced. The clinical effects of this combination have not been studied.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** The data presented below include references to peak steady state plasma acyclovir concentrations observed in humans treated with 800 mg given orally 6 times a day (dosing appropriate for treatment of herpes zoster) or 200 mg given orally 6 times a day (dosing appropriate for treatment of genital herpes). Plasma drug concentrations in animal studies are expressed as multiples of human exposure to acyclovir at the higher and lower dosing schedules (see Pharmacokinetics).

Acyclovir was tested in lifetime bioassays in rats and mice at single daily doses of up to 450 mg/kg administered by gavage. There was no statistically significant difference in the incidence of tumors between treated and control animals, nor did acyclovir shorten the latency of tumors. At 450 mg/kg/day, plasma concentrations were 3 to 6 times human levels in the mouse bioassay and 1 to 2 times human levels in the rat bioassay.

Acyclovir was tested in two *in vitro* cell transformation assays. Positive results were observed at the highest concentration tested (31 to 63 times human levels) in one system and the resulting morphologically transformed cells formed tumors when inoculated into immunosuppressed, syngeneic, weanling mice. Acyclovir was negative (40 to 80 times human levels) in the other, possibly less sensitive, transformation assay.

In acute cytogenetic studies, there was an increase, though not statistically significant, in the incidence of chromosomal damage at maximum tolerated parenteral doses of acyclovir (100 mg/kg) in rats (62 to 125 times human levels) but not in Chinese hamsters; higher doses of 500 and 1000 mg/kg were clastogenic in Chinese hamsters (380 to 760 times human levels). In addition, no activity was found after 5 days dosing in a dominant lethal study in mice (36 to 73 times human levels). In all 4 microbial assays, no evidence of mutagenicity was observed. Positive results were obtained in 2 of 7 genetic toxicity assays using mammalian cells *in vitro*. In human lymphocytes, a positive response for chromosomal damage was seen at concentrations 150 to 300 times the acyclovir plasma levels achieved in man. At one locus in mouse lymphoma cells, mutagenicity was observed at concentrations 250 to 500 times human plasma levels. Results in the other five mammalian cell loci follow: at 3 loci in a Chinese hamster ovary cell line, the results were inconclusive at concentrations at least 1850 times human levels; at 2 other loci in mouse lymphoma cells, no evidence of mutagenicity was observed at concentrations at least 1500 times human levels.

Acyclovir has not been shown to impair fertility or reproduction in mice (450 mg/kg/day, p.o.) or in rats (25 mg/kg/day, s.c.). In the mouse study plasma levels were 9 to 18 times human levels, while in the rat study they were 8 to 15 times human levels. At a higher dose in the rat (50 mg/kg/day, s.c.), there was a statistically significant increase in post-implantation loss, but no concomitant decrease in litter size. In female rabbits treated subcutaneously with acyclovir subsequent to mating, there was a statistically significant decrease in implantation efficiency but no concomitant decrease in litter size at a dose of 50 mg/kg/day (16 to 31 times human levels). No effect upon implantation efficiency was observed when the same dose was administered intravenously (53 to 106 times human levels). In a rat peri- and postnatal study at 50 mg/kg/day s.c. (11 to 22 times human levels), there was a statistically significant decrease in the group mean numbers of corpora lutea, total implantation sites and live fetuses in the $F_1$ generation. Although not statistically significant, there was also a dose-related decrease in group mean numbers of live fetuses and implantation sites at 12.5 mg/kg/day and 25 mg/kg/day, s.c. The intravenous administration of 100 mg/kg/day, a dose known to cause obstructive nephropathy in rabbits, caused a significant increase in fetal resorptions and a corresponding decrease in litter size (plasma levels were not measured). However, at a maximum tolerated intravenous dose of 50 mg/kg/day in rabbits (53 to 106 times human levels), no drug-related reproductive effects were observed.

Intraperitoneal doses of 80 or 320 mg/kg/day acyclovir given to rats for 6 and 1 months, respectively, caused testicular atrophy. Plasma levels were not measured in the one month study and were 24 to 48 times human levels in the six month study. Testicular atrophy was persistent through the 4-week postdose recovery phase after 320 mg/kg/day; some evidence of recovery of sperm production was evident 30 days postdose. Intravenous doses of 100 and 200 mg/kg/day acyclovir given to dogs for 31 days caused aspermatogenesis. At 100 mg/kg/day plasma levels were 47 to 94 times human levels, while at 200 mg/kg/day they were 159 to 317 times human levels. No testicular abnormalities were seen in dogs given 50 mg/kg/day i.v. for one month (21 to 41 times human levels) and in dogs given 60 mg/kg/day orally for one year (6 to 12 times human levels).

**Pregnancy:** ***Teratogenic Effects:*** Pregnancy Category C. Acyclovir was not teratogenic in the mouse (450 mg/kg/day, p.o.), rabbit (50 mg/kg/day, s.c. and i.v.) or in standard tests in the rat (50 mg/kg/day, s.c.). These exposures resulted in plasma levels 9 and 18, 16 and 106, and 11 and 22 times, respectively, human levels. In a non-standard test in rats, there were fetal abnormalities, such as head and tail anomalies, and maternal toxicity. In this test, rats were given 3 s.c. doses of 100 mg/kg acyclovir on gestation day 10, resulting in plasma levels 63 and 125 times human levels. There are no adequate and well-controlled studies in pregnant women. Acyclovir should not be used during pregnancy unless the potential benefit justifies the potential risk to the fetus. Although acyclovir was not teratogenic in standard animal studies, the drug's potential for causing chromosome breaks at high concentration should be taken into consideration in making this determination.

**Nursing Mothers:** Acyclovir concentrations have been documented in breast milk in two women following oral administration of Zovirax and ranged from 0.6 to 4.1 times corresponding plasma levels. These concentrations would potentially expose the nursing infant to a dose of acyclovir up to 0.3 mg/kg/day. Caution should be exercised when Zovirax is administered to a nursing woman.

**Pediatric Use:** Safety and effectiveness in children have not been established.

**ADVERSE REACTIONS**

**Herpes Simplex:** ***Short-Term Administration:*** The most frequent adverse reactions reported during clinical trials of treatment of genital herpes with orally administered Zovirax were nausea and/or vomiting in 8 of 298 patient treatments (2.7%) and headache in 2 of 298 (0.6%). Nausea and/or vomiting occurred in 2 of 287 (0.7%) patients who received placebo.

Less frequent adverse reactions, each of which occurred in 1 of 298 patient treatments with orally administered Zovirax (0.3%), included diarrhea, dizziness, anorexia, fatigue, edema, skin rash, leg pain, inguinal adenopathy, medication taste and sore throat.

***Long-Term Administration:*** The most frequent adverse reactions reported in a clinical trial for the prevention of recurrences with continuous administration of 400 mg (two 200 mg capsules) 2 times daily for 1 year in 586 Zovirax-treated patients were: nausea (4.8%), diarrhea (2.4%), headache (1.9%) and rash (1.7%). The 589 control patients receiving intermittent treatment of recurrences with Zovirax for 1 year reported diarrhea (2.7%), nausea (2.4%), headache (2.2%) and rash (1.5%).

The most frequent adverse reactions reported during the second year by 390 patients who elected to continue daily administration of 400 mg (two 200 mg capsules) 2 times daily for 2 years were headache (1.5%), rash (1.3%) and paresthesia (0.8%). Reactions reported by 329 patients during the third year include asthenia (1.2%), paresthesia (1.2%) and headache (0.9%).

**Herpes Zoster:** The most frequent adverse reactions reported during three clinical trials of treatment of herpes zoster (shingles) with 800 mg of oral Zovirax 5 times daily for 7 to 10 days in 323 patients were: malaise (11.5%), nausea (8.0%), headache (5.9%), vomiting (2.5%), diarrhea (1.5%) and constipation (0.9%). The 323 placebo recipients reported malaise (11.1%), nausea (11.5%), headache (11.1%), vomiting (2.5%), diarrhea (0.3%) and constipation (2.4%).

**OVERDOSAGE:** Precipitation of acyclovir in renal tubules may occur when the solubility (2.5 mg/mL) in the intratubular fluid is exceeded. Renal lesions considered to be related to obstruction of renal tubules by precipitated drug crystals occurred in the following species: rats treated with i.v. and i.p. doses of 20 mg/kg/day for 21 and 31 days, respectively, and at s.c. doses of 100 mg/kg/day for 10 days; rabbits at s.c. and i.v. doses of 50 mg/kg/day for 13 days; and dogs at i.v. doses of 100 mg/kg/day for 31 days. A 6 hr hemodialysis results in a 60% decrease in plasma acyclovir concentration. Data concerning peritoneal dialysis are incomplete but indicate that this method may be significantly less efficient in removing acyclovir from the blood. In the event of acute renal failure and anuria, the patient may benefit from hemodialysis until renal function is restored (see DOSAGE AND ADMINISTRATION).

**DOSAGE AND ADMINISTRATION: Treatment of initial genital herpes:** 200 mg (one 200 mg capsule or one teaspoonful [5 mL] suspension) every 4 hours, 5 times daily for 10 days.

**Chronic suppressive therapy for recurrent disease:** 400 mg (two 200 mg capsules or two teaspoonfuls [10 mL] suspension) 2 times daily for up to 12 months, followed by re-evaluation. See INDICATIONS AND USAGE and PRECAUTIONS for considerations on continuation of suppressive therapy beyond 12 months. Alternative regimens have included doses ranging from 200 mg 3 times daily to 200 mg 5 times daily.

**Intermittent Therapy:** 200 mg (one 200 mg capsule or one teaspoonful [5 mL] suspension) every 4 hours, 5 times daily for 5 days. Therapy should be initiated at the earliest sign or symptom (prodrome) of recurrence.

**Acute Treatment of Herpes Zoster:** 800 mg (four 200 mg capsules or four teaspoonfuls [20 mL] suspension) every 4 hours orally 5 times daily for 7 to 10 days.

**Patients With Acute or Chronic Renal Impairment:** Comprehensive pharmacokinetic studies have been completed following intravenous acyclovir infusions in patients with renal impairment. Based on these studies, dosage adjustments are recommended in the following chart for genital herpes and herpes zoster indications:

| Normal Dosage Regimen (5x daily) | Creatinine Clearance (mL/min/1.73m²) | Adjusted Dosage Regimen | |
|---|---|---|---|
| | | Dose (mg) | Dosing Interval (hrs) |
| 200 mg every 4 hours | > 10 | 200 | every 4 hours, 5x daily |
| | 0-10 | 200 | every 12 hours |
| 800 mg every 4 hours | > 25 | 800 | every 4 hours, 5x daily |
| | 10-25 | 800 | every 8 hours |
| | 0-10 | 800 | every 12 hours |

For patients who require hemodialysis, the dosing schedule should be adjusted so that a dose is administered after each dialysis.

**References:** **1.** Mertz GJ, Jones CC, Mills J, et al. Long-term acyclovir suppression of frequently recurring genital herpes simplex virus infection: a multicenter double-blind trial. *JAMA*. 1988;260:201-206. **2.** Mertz GJ, Eron L, Kaufman R, et al. Prolonged continuous versus intermittent oral acyclovir treatment in normal adults with frequently recurring genital herpes simplex virus infection. *Am J Med*. 1988;85(suppl 2A):14-19. **3.** Data on file, Burroughs Wellcome Co., 1990.

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Here's what we did.

We developed ways to speed up claims processing and payments. So you can spend more time worrying about patients, and less time worrying about paperwork.

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And without being transferred or put on hold.

We've also developed a program called Claim Free,™ which further expedites the reimbursement process by eliminating paper claims for both you and your Medicare subscribers.

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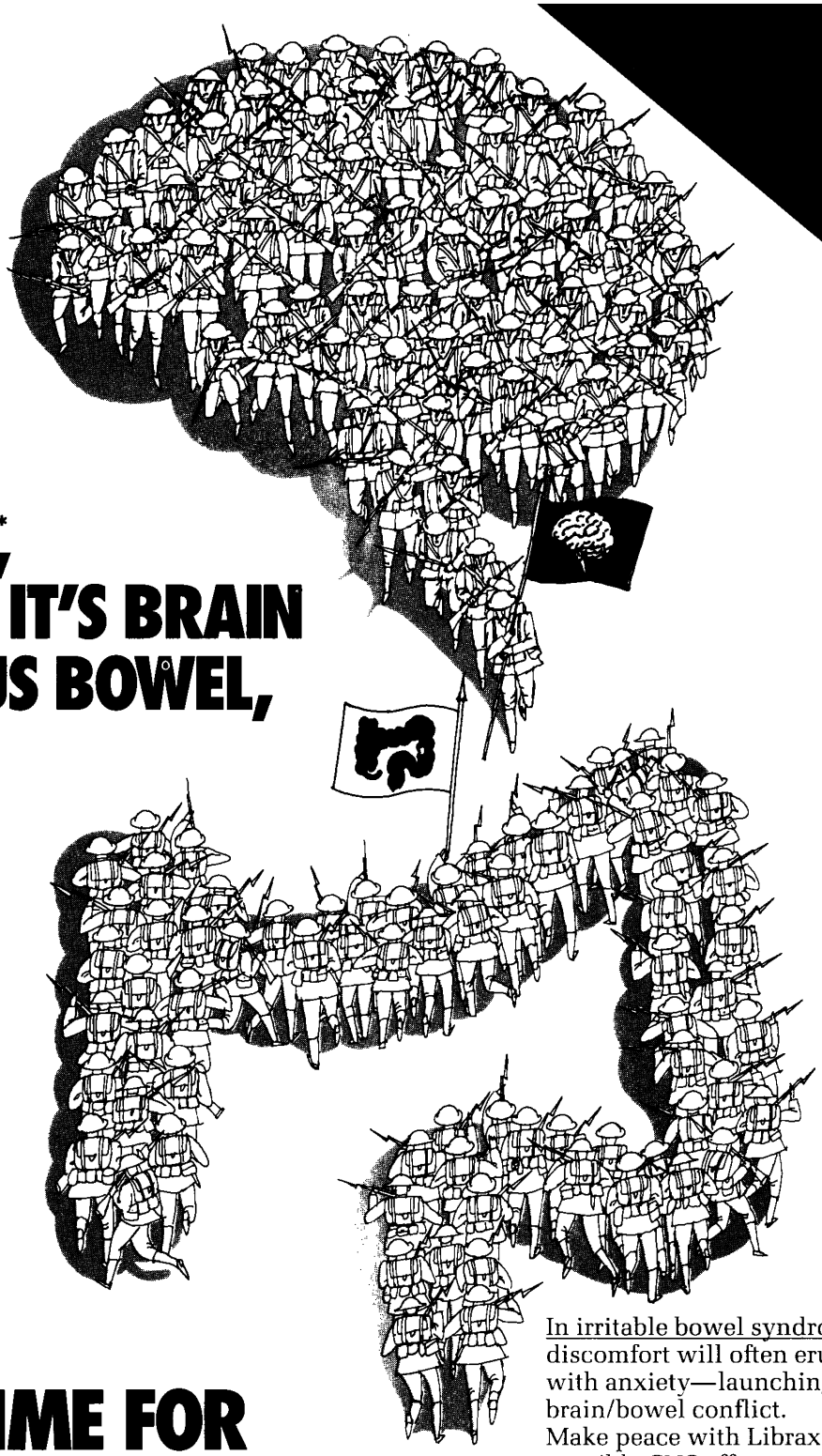

# IN IBS,* WHEN IT'S BRAIN VERSUS BOWEL,

# IT'S TIME FOR THE PEACEMAKER.

In irritable bowel syndrome intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict.
Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

**Specify Adjunctive**

**LIBRAX®**

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

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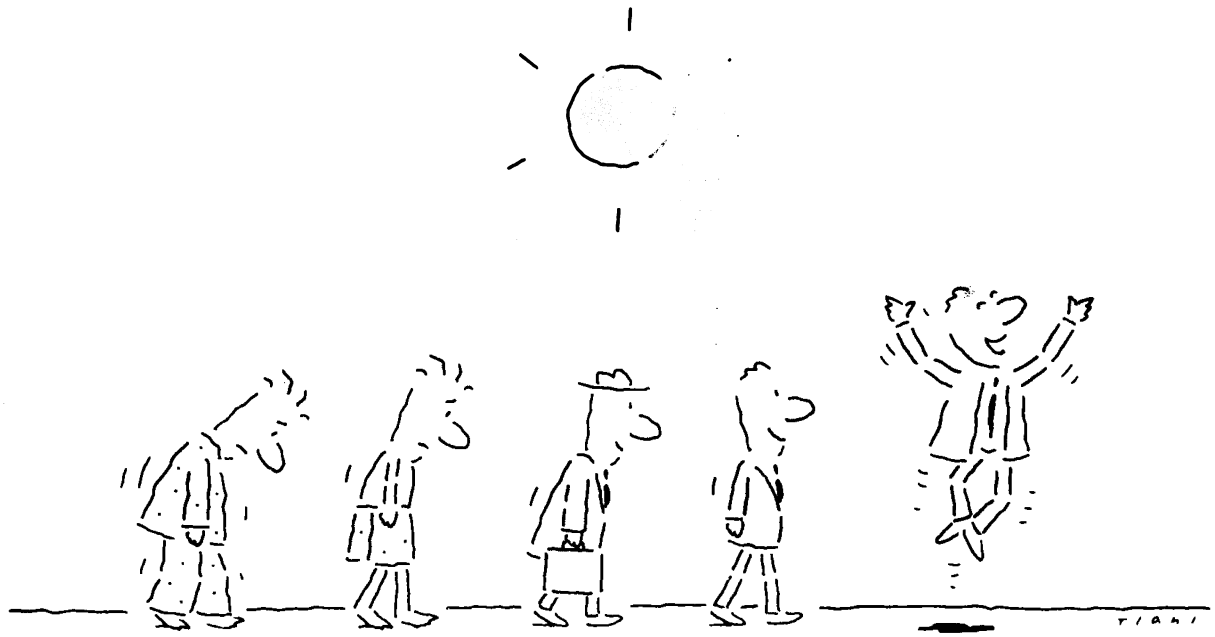

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### CALIFORNIA

Primary Care Physicians and Radiologists needed to work as *locum tenens* statewide. High salary, paid malpractice. Work whenever and wherever you wish. Permanent placements as well. **Western Physicians Registry: Northern California, contact Jim Ellis, Director, (415) 601-7676 or (800) 437-7676. Southern California, contact Tracy Zweig, Director, (805) 643-9346 or (800) 635-3175.**

**MULTIPLE FAMILY PRACTICE (BC/BE)** positions available in several suburban satellite clinics of a large Seattle area multispecialty group practice. Diverse patient population includes managed care, fee-for-service, and retired military (at some satellite clinics). Competitive salary and excellent benefits. Contact Mary Anderson, Pacific Medical Center, 1200 12th Ave S., Seattle, WA 98144; (206) 326-4111.

**URGENT CARE/PRIMARY CARE PHYSICIANS** for over 90 positions available with various physician groups in Phoenix metropolitan/Tucson, Arizona. Excellent compensation and partnership opportunities. Contact Mitch Young, PO Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

**OB/GYN.** Multispecialty group in northwest Washington desires second Obstetrician. Excellent practice opportunity, full range of benefits, early partnership status, all practice costs paid. For more information contact Shane Spray, 1400 E. Kincaid, Mount Vernon, WA 98273; (206) 428-2524.

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**MARYSVILLE (YUBA COUNTY).** Primary care provider. Northern California primary care clinic. Three physicians, three physician assistants. No OB. No surgery. Close to Sacramento, 2½ hours to Lake Tahoe and San Francisco. Salary $97,393.80. Send CV to Ed Allen, Peach Tree Clinic, 6000 Lindhurst, Ste 601-A, Marysville, CA 95901; or call (916) 741-6400.

**LOOKING FOR A PRIMARY CARE** Internal Medicine Geriatric position with challenging and appreciative patients, quality associates, tolerable schedules in an attractive community? Send CV to Julie A. Prazich, MD, Medical Director, Sharp Senior HealthCare, 3545 Fourth Ave, San Diego, CA 92103.

PHYSICIANS WANTED

### Western States OPENINGS

Many multispecialty groups and hospitals have asked us to recruit for over 300 positions of various specialties. Both permanent and locum tenens. Send CV to **Western States Physician Services, 5627 E. Kings Canyon, Ste 156, Fresno, CA 93727, or call 1 (800) 873-0786.**

**BC/BE FAMILY PRACTITIONER** sought to join established and expanding Primary Care private practices in the La Jolla area of San Diego. Terrific income guarantee and partnership available for right individual. Please send CV to J. Simmons, 3030 Bunker Hill St, San Diego, CA 92109. Ideal candidate will be recent graduate of residency program and/or physician in practice committed to private practice.

**BC/BE INTERNIST** sought to join established and expanding Primary Care private practices in the La Jolla area of San Diego. Terrific income guarantee and partnership available for right individual. Please send CV to J. Simmons, 3030 Bunker Hill St, San Diego, CA 92109. Ideal candidate will be recent graduate of residency program and/or physician in practice committed to private practice.

**COASTAL CALIFORNIA.** San Luis Obispo, Internal Medicine BC/BE, busy multispecialty group, eight miles to beach, excellent schools, recently rated "best small town in USA." Rewarding hospital-based practice. Guaranteed salary, malpractice covered, excellent call rotation. Call or send CV to Fran Wolke, San Luis Obispo General Hospital, PO Box 8113, San Luis Obispo, CA 93403-8113; (805) 549-4936.

### FAMILY PRACTITIONER PEDIATRICIAN

Multispecialty group located in San Luis Obispo, California, seeks BC/BE physicians. Fringe benefits plus practice costs paid and shareholder status. Submit your CV to:

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**San Luis Medical Clinic**
**1235 Osos St**
**San Luis Obispo, CA 93401**

PHYSICIANS WANTED

### PHYSICIANS NEEDED

The continuing growth of our service area population (now 90,000) has created an immediate need for additional BC/BE physicians in the following specialities:

- **NEUROLOGY.** Establish private practice with no investment, guaranteed income. Proficiency in EEG, EMG required.
- **GENERAL/THORACIC SURGERY.** Establish private practice in General and Thoracic Surgery (no open heart) with no investment, guaranteed income.
- **ONCOLOGY.** Establish private practice with no investment, guaranteed income. Some General Internal Medicine necessary initially.
- **ORTHOPEDIC SURGERY.** No investment, guaranteed income. Above average earning potential.
- **OTOLARYNGOLOGY.** Establish your own private practice with no investment, guaranteed income. Strong referral base.
- **PEDIATRICS.** Join busy private Pediatric Practice. Attractive salary with arrangements for future association.
- **FAMILY PRACTICE.** Join busy Family Practice group (four Family Practitioners) in private practice. Salary or guarantee first year.

112-bed full service hospital, very well equipped. Excellent ancillary services. Our service area population is now 90,000; a growing area with new businesses and a stable economy.

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Contact:

**Tulare District Hospital**
**Physician Recruiting Office**
**PO Box 90112**
**Los Angeles, CA 90009**
**(800) 468-2687**

**OB/GYN, INTERNISTS,** Family Practitioners, Pediatricians for Arizona and western opportunities. Quality positions available other regions of country. Inquiries confidential. Mitchell & Associates, PO Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

**EMERGENCY MEDICINE,** California—San Bernardino. Full-time opportunity for BC/BE physician in a high volume (45,000 EM visits per year) medical center. Stable contract, excellent hourly compensation, profit-sharing, group supported malpractice coverage and excellent benefits. Opportunity for growth and leadership. Join our partnership of established Emergency Medicine and Ambulatory Care Physicians. Contact John Gravette, California Emergency Physicians, 2101 Webster St, #1050, Oakland, CA 94612-3027; (415) 835-7431 or, outside of California, (800) 842-2619.

**FAMILY PRACTICE,** California—San Francisco bay area. Full-time opportunity for BC/BE physician in an Ambulatory Care setting. CEP owned facility, excellent hourly compensation, profit-sharing, group supported malpractice coverage, and excellent benefits. Opportunity for growth and leadership. Join our partnership of established Ambulatory Care and Emergency Medicine Physicians. Contact John Gravette, California Emergency Physicians, 2101 Webster St, #1050, Oakland, CA 94612-3027; (415) 835-7431 or, outside of California, (800) 842-2619.

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PHYSICIANS WANTED

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**PO Box 2457**
**Santa Clara, CA 95055**

PHYSICIANS WANTED

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The physician we seek shall be board certified or prepared in emergency medicine, internal medicine or family practice. ACLS/ATLS required.

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Send your CV in confidence to:

**Ken Fleming, MD**

Chico Community Hospital

**560 Cohasset Road, Chico, CA 95926**

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**RADIOLOGIST.** Part-time position available immediately in small hospital with general Radiography and Fluoroscopy, Mammography, and Ultrasound in Weaverville, California. Contact Drs Wheeler, Biggs, or Babbitt, West Coast Radiology, 3798 Janes Rd, Ste 12, Arcata, CA 95521; office number (707) 822-3621, ext 191.

**OPPORTUNITY** for full- and part-time Emergency Physicians. Excellent fee-per-patient load ratio. Malpractice paid. Also, Emergency Department/Family Practice positions for urgent care/industrial center. Send CV to Front Line Community Physicians, PO Box 10610, Santa Ana, CA 92711, or contact Medical Director at (714) 771-3290.

**UNIVERSITY OF CALIFORNIA, DAVIS MEDICAL CENTER.** The University of California, Davis, Department of Emergency Medicine is searching for physicians residency trained or BC in Emergency Medicine. The Health Science Campus is located in Sacramento and serves a large area of northern California. The Emergency Department cares for over 60,000 patients a year. The Center operates as a Level One Trauma Center, has paramedic base station training responsibilities, and has a helicopter service. An approved Emergency Medicine Residency Program began in July 1990. Emergency Physicians supervise medical students, interns, and residents, in addition to having direct patient responsibilities. Support for clinical research is available to those interested. University compensation is competitive, and fringe benefits include health and dental insurance, three weeks paid vacation, one week continuing medical education, social security, UC retirement plan, 12 paid holidays per year, and full malpractice coverage. Send CV to Robert W. Derlet, MD, Chief, Division of Emergency Medicine, University of California, Davis, Medical Center, 2315 Stockton Blvd, Sacramento, CA 95817.

**KETCHIKAN, ALASKA.** University of Washington-affiliated Family Practice seeking BC Family Physician interested in teaching and providing excellent medical care. Accredited hospital in scenic southeast Alaska. 12 years of Family Medicine students and residents through WAMI program. Fee-for-service practice. Comprehensive benefits. Negotiable salary. Stable community with wide range of activities and opportunities. Contact David Johnson, MD, or Bill Henrickson, MD, Ketchikan Medical Clinic, Inc, 3612 Tongass Ave, Ketchikan, AK 99901; phone collect (907) 225-5145.

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**GENERAL INTERNIST/NEUROMUSCULAR/COPD/REHABILITATION.** Immediate opening for BC/BE General Internist to join the staff of a 48-bed respiratory unit at an internationally recognized rehabilitation center affiliated with University of Southern California. Management of respiratory-neuromuscular/chest wall disorders, COPD, and tuberculosis. Some Critical Care. Busy exercise lab. Clinical faculty appointment at USC, depending on qualifications. Interested individuals should send CV to Ahmet Baydur, MD, Chest Medicine Service, Rancho Los Amigos Medical Center, 7601 E. Imperial Hwy, Downey, CA 90242. Equal Opportunity/Affirmative Action Employer.

**ACADEMIC GENERAL INTERNIST.** The University of Utah School of Medicine, Division of General Medicine is offering full-time positions for BC/BE Internists at the Instructor, Assistant Professor, Associate Professor levels. Rank and salary commensurate with qualifications. Opportunities include patient care, teaching of medical students and residents, administration, and clinical research. Applications must be postmarked by May 31, 1991; applications submitted after the deadline may be considered if no qualified candidates have applied by that deadline. An equal opportunity employer. Contact Dr John H. Holbrook, MD, Department of Internal Medicine, University Hospital 4B-120, Salt Lake City, UT 84132.

**FAMILY PHYSICIAN**—Salt Lake City area. Progressive community, outstanding recreational and cultural activities, diverse physician backgrounds, thriving practice. Independent or multispecialty group locations. Contact Scott Blakley, Tooele Valley Healthcare System, 211 South 100 East, Tooele, UT 84074; (801) 882-1697.

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## PHYSICIANS WANTED

**RADIOLOGIST—SAN FRANCISCO BAY AREA.** Growing outpatient imaging practice with CT/MRI. Salary leading to partnership. Send CV to Murray Solomon, MD, 450 Sutter St, Ste 835, San Francisco, CA 94108; (415) 296-8654.

**CALIFORNIA, MONTEREY BAY.** Full-/part-time positions available with Monterey Bay's largest and most successful Urgent Care network. Generous guarantee, incentive plan, and benefit package. Malpractice covered. Practice in California's most beautiful coastal recreational area. BC/BE Emergency Room Medicine or Family Practice specialists preferred. Contact Bob Morris, MD, FACEP, Doctors on Duty Medical Clinics, 223 Mt Hermon Rd, Scotts Valley, CA 95066; (408) 438-9341.

**SEATTLE: BC/BE** General Internist to join BC Internists' group with three Seattle area offices. No income guarantee; group and location excellent. Call or write Douglas Bovee, MD, 3203 W. McGraw, Seattle, WA 98199; (206) 285-3139.

**ASHLAND, OREGON.** OB needed for this picturesque home of the Shakespeare Festival. Ashland has a four-year college and is home for many visual and performing artists. The life-style harkens back to the '50s slow-paced, crime-free, wholesome, small-town environment. Hospital has Level I OB service with birthing room. Coverage available. Outstanding physician and professional staff support make this a gem of an opportunity. Reply in confidence to Alex Johnson, 1 (800) 327-1585.

**COLORADO. BC/BE INTERNIST** to join three Internists in multispecialty group. Excellent opportunity for person interested in rural living, mountain recreation, and health care for medically underserved population. Send CV to Marguerite Salazar, 204 Carson Ave, Alamosa, CO 81101; (719) 589-5161.

## PHYSICIANS WANTED

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**Irwin P. Goldstein, MD, Associate Medical Director, SCPMG, KAISER PERMANENTE, Department 057, Walnut Center, Pasadena, CA 91188-8013; or call 1 (800) 541-7946.**

**FAMILY PRACTICE PHYSICIANS.** San Diego Area. BC/BE Family Practitioners for multispecialty group of 200-plus physician staff. Excellent fringe benefits, salary guarantee and incentive. Shareholder eligible after two years. Send CV with references to Office of the Medical Director, PO Box 129229, San Diego, CA 92112-9229.

**CARSON CITY, NEVADA.** Pediatrician wanted to join me in Primary Care practice. Part-time or full-time. Great family environment in Sierras 30 miles south of Reno. Contact Susan Pintar, MD, FAAP, 1001 N. Mountain, Ste 3M, Carson City, NV 89703; (702) 883-9003.

**INTERNIST—SAN FRANCISCO BAY AREA.** Turnkey opportunity for BC/BE clinician interested in assuming substantial private practice available as the result of physician's relocation for personal reasons. A growth area with rapid expansion potential located adjacent to a modern tertiary hospital with excellent ancillary and support services. Overhead and malpractice covered with a competitive salary plus generous incentive with an ownership or equity option provided. Send CV to Fremont Medical Group, 33319 Palomares Rd, Castro Valley, CA 94552.

## PHYSICIANS WANTED

**OREGON PEDIATRICIAN**—sought for busy practice with two BC Pediatricians. Smaller, family oriented community offers outstanding quality of life and access to great outdoor recreation. Complex diseases and Critical Care patients make practice challenging and stimulating. Easy access to Portland. Income guarantee plus all benefits first year. Call Alex Johnson, 1 (800) 327-1585.

**PEDIATRICIAN—NORTHERN CALIFORNIA.** Busy Pediatrician with diverse practice in northern California seeks partner (BC/BE) in attractive new office adjoining regional medical center with new Pediatric ward. Excellent call schedule. Enjoy a healthy life-style in an unspoiled environment with premier outdoor recreation, good schools, and affordable housing. Call Alex Johnson, 1 (800) 327-1585.

**DIAGNOSTIC RADIOLOGIST.** Second Radiologist for picturesque community in northern California. New CT, ultrasound, mammogram available. Comprehensive benefits, income guarantee. Four season recreational area with skiing, boating, and hiking. Call Alex Johnson, 1 (800) 327-1585.

**MONTEREY BAY AREA—CALIFORNIA MEDICAL/LEGAL DISABILITY EVALUATIONS.** Opportunities available in Salinas for BC physicians in Dermatology, Internal Medicine, Orthopedics, Ophthalmology, Otolaryngology, Psychiatry, Toxicology, and Neurology with a multispecialty medical group which provides forensic medical evaluations. This is an excellent opportunity to supplement income as well as associate with a well respected medical group whose practice is limited to evaluations. Send inquiry and CV to Kevin Gerszewski, Disability Reporters, 212 San Jose St, Ste 311, Salinas, CA 93901; (408) 754-0411.

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PHYSICIANS WANTED

**SOUTHERN CALIFORNIA NEUROSURGEONS**

Practice and career opportunities with the nation's largest and most respected physician-managed group practice in managed care. Practice and career opportunities available in major metropolitan and suburban areas for staff positions. For more information, send your CV to:

**Irwin P. Goldstein, MD, Associate Medical Director, SCPMG, KAISER PERMANENTE, Department 057, Walnut Center, Pasadena, CA 91188-8013; or call 1 (800) 541-7946.**

**PSYCHIATRY DIRECTOR—NORTHWEST.** Regional Acute Care hospital seeking Director for new 20-bed inpatient Psychiatry unit. Previous experience desirable in program development and inpatient administration. Ideal candidate traits include team player, good communicator, and leadership. Opportunity for outpatient practice. Community known for quality of life, outdoor recreation and progressive health care. First year income guarantee, interview and relocation expenses, plus on-going Director stipend. Contact Alex Johnson, 1 (800) 327-1585.

**FAMILY PRACTICE OPPORTUNITIES AVAILABLE IN** Nevada, Washington, Texas, Louisiana, and Florida. For details, call Eloise Gusman; 1 (800) 535-7698 or send CV to PO Box 1685, Covington, LA 70434-1685.

**INTERNAL MEDICINE OPPORTUNITIES AVAILABLE IN** Nevada, Texas, Louisiana, and Florida. For details, call Eloise Gusman; 1 (800) 535-7698 or send CV to PO Box 1685, Covington, LA 70434-1685.

**PRIMARY CARE PHYSICIAN** wanted for expanding eastern Washington clinic. Full- and part-time positions available. Located in prime recreational area. Skiing, sailing, fishing, hunting all within a short distance. Enjoy mild climate, excellent schools and a major university branch campus in growing community of 100,000 plus. Challenging work in a superbly equipped clinic with state-of-the-art lab, x-ray, laser, and endoscopy. Above average compensation and benefits including malpractice, health insurance, and CME. Contact Dr Stephen L. Smith, 310 Torbett, Richland, WA 99352; (509) 545-8340 or fax (509) 545-1136.

**INTERNIST BC/BE.** Current associate leaving for academic position. Busy Internal Medicine practice available July 1991. Currently netting $155K, on call every seventh weekend. If you desire to enjoy life while maintaining a fully established and challenging practice send CV to Cecil Bullard, MD, 5339 N. Fresno, #107D, Fresno, CA 93710.

**EMERGENCY MEDICINE.** Emergency Medicine group seeking career oriented ACLS, ATLS certified physician for an immediate opening. Moderate volume; income $140,000 plus. Great outdoor activities including hunting, fishing, boating, skiing, sailing, camping, and hiking in south central Washington on the Columbia River. Send CV to Kennewick Emergency Physicians, PS, PO Box 6192, Kennewick, WA 99336-6192; or call (509) 627-1798.

**COME TO THE MOUNTAINS**

Excellent opportunity for BC/BE Internists interested in private or group practices. Cody, Wyoming, is located only 50 miles from Yellowstone National Park. This attractive community is abundant in fishing, hunting, and outdoor sports. NO STATE INCOME TAX! Facility consists of 46-bed Acute Care, 107-bed attached Long Term Care Center and 14-bed Chemical Dependency Center. For more information call:

**Fred Whitmore, CEO**
**(307) 578-2488**
or send CV to:
**West Park Hospital**
**707 Sheridan Ave**
**Cody, WY 82414.**
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PHYSICIANS WANTED

# PHYSICIANS!

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**MEDICAL DIRECTOR.** Family Practice Physician (BC/BE) for community based clinic. Emphasis Family Planning, Primary Care, Pediatrics, STD and health education. Responsibile for medical policy, QA, and supervision of clinical staff. Bilingual/cultural Hispanic preferred. Inquiries to EVCC, 2470 Alvin Ave, #3, San Jose, CA 95121. EOE.

**SEATTLE,** Washington suburban 26 physician primary care group has immediate need for Family Physicians and Internists. Area growth has created the need for a team physician who enjoys work as well as play in the beautiful (and affordable) Pacific northwest. Remuneration includes salary, bonus, and fringe benefit package. For more information, please contact Ken Baker, President, Physician Search Group, 120 Montgomery St, Ste 710, San Francisco, CA 94104; (415) 399-8840.

**OTOLARYNGOLOGIST.** BC/BE to join 28 physician multispecialty group practice. Located in beautiful Pacific northwest between Seattle and Vancouver, BC. Contact Shane Spray, 1400 E. Kincaid, Mount Vernon, WA 98273.

**GENERAL INTERNIST IN THE PACIFIC NORTHWEST.** Busy 30 doctor multispecialty group practice looking for General Internist with ICU skills and interests to join an existing Internal Medicine department. Competitive salary and benefits; ownership status available after 18 months of employment. Send CV to Shane Spray, 1400 E. Kincaid, Mount Vernon, WA 98273.



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## PHYSICIANS WANTED

**PEDIATRICIAN.** Well established busy solo-practice available in suburban Seattle area. Excellent location adjacent to modern hospital. Level II newborn nursery. Ideally suited for Pediatrician with some experience who likes independence. Building may be purchased at later date. Present Pediatrician to retire this fall. Will introduce. Inquiries to Evergreen Pediatrics, 12819 120th Ave NE, Kirkland, WA 98034.

**CALIFORNIA.** Immediate permanent placement opportunities in General Internal Medicine, Plastic Surgery, Urgent Care, OB/GYN, Pediatrics, Orthopedics, Otolaryngology, Family Practice, and Dermatology. For information call/send CV to Bradshaw Associates, 21 Altamount, Orinda, CA 94563; (415) 376-0762, fax (415) 376-0813.

**MULTISPECIALTY MEDICAL CLINIC** seeking Family Practice or Emergency Room Physician for their fast-paced Urgent Care department. 13 to 15 six-hour shifts per month with expansion of hours with the completion of a satellite facility. Board certified. Partnership track. Contact Jeanette Applegate at the Santa Cruz Medical Clinic, 2025 Soquel Ave, Santa Cruz, CA 95062; (408) 458-5592.

**SAN JOAQUIN VALLEY.** Excellent opportunity for Family Practitioner to serve the underserved. No night call or weekends. Competitive salary plus benefits, paid malpractice. Agricultural community, one hour from the mountains, two hours from the coast. Bilingual English-Spanish helpful. Send CV to Hugh F. Stallworth, MD, Fresno County Department of Health, PO Box 11867, Fresno, CA 93775; (209) 445-3202.

**BC/BE RADIOLOGIST.** Exceptional northern California location. Diagnostic and interventional fee-for-service practice. All imaging modalities represented. Academic appointment available. Comfortable workload; excellent quality of life. Contact Carol Westfall, Cejka & Company, 222 S. Central Ave, Ste 700, St. Louis, MO 63105; phone 1 (800) 765-3055.

**CARDIOLOGY.** Invasive Cardiologist join noninvasive; new Cath lab; north bay area. Huge opportunity. Electrophysiologist even better. Résumé to Number 234, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602. ASAP.

**ESTHETIC SURGERY—SOUTHERN CALIFORNIA.** BC General Plastic Surgeon to associate with ENT. Practice 99% cosmetic. Desire emphasis in breast/body contouring to complement current practice. Send CV to PO Box 3421, Santa Barbara, CA 93120.

**BC/BE PULMONARY/CRITICAL CARE—SAN FRANCISCO BAY AREA.** Physician sought to join two busy Pulmonologists in Marin county, 10 miles north of San Francisco. Excellent opportunity to be part of a well established practice, which would include inpatient and outpatient consultation and active involvement in the Intensive and Coronary Units at a superb community hospital. Guaranteed salary and benefits are available now but we will be willing to wait for completion of training in 1991. Send CV to Alan Margolin, MD, 900 S. Eliseo Dr, Greenbrae, CA 94904.

**SPOKANE, WASHINGTON.** Primary Care Physicians join with Annashae Corporation in providing patient care to the families of the men and women serving in the Armed Forces. Immediate Emergency Room positions available in Spokane, Washington. Weekends and holidays. Competitive remuneration. Malpractice covered. Licensure any state. ACLS required. Contact in confidence Annashae Corporation, 230 Alpha Park, Cleveland, OH 44143-2202; 1 (800) 245-2662, EEC/MF.

**PATHOLOGIST, BC/BE—CENTRAL CALIFORNIA VALLEY.** Seven member group seeks associate for independent multiple hospital and private laboratory practice. Send CV to Robert F. Chard, MD, Delta Pathology Associates Medical Group, 2291 W. March Ln, Ste 179E, Stockton, CA 95207.

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PHYSICIANS WANTED

**ASSOCIATE IN PEDIATRICS.** Kern Medical Center, Bakersfield, California, a teaching hospital affiliated with UCLA and UCI Schools of Medicine, seeks an Associate in the Division of Pediatrics. Prerequisites include eligibility or certification by the American Board of Pediatrics, strong interest in teaching and qualifications for faculty appointment in UCLA Department of Pediatrics. Comprehensive salary and benefit package. A part-time private practice is permitted. Medical center is in central California, a mid-sized urban community with moderate cost of living. Send CV and inquiries to Navin Amin, MD, Chairman, Department of Family Practice/Pediatrics, Kern Medical Center, 1830 Flower St, Bakersfield, CA 93305.

**JUNIOR FACULTY INTERNIST.** University of California, San Francisco, Valley Medical Center, Fresno Medical Education Program, Department of Family Practice seeks recent BE Internal Medicine graduate to attend on a general Internal Medicine ward, teach in the ambulatory setting and contribute to the intellectual life of the Department. Our full-time experienced Senior Internist will provide faculty development, consultation, and backup. VMC is a major affiliate of UCSF School of Medicine sponsoring several well regarded programs, including Internal Medicine. Delightful and affordable central California location. Salary guarantee and faculty practice plan incentive. Available July 1, 1991. Send CV to Robert Heiligman, MD, Assistant Chief of Family Practice, 2212 N. Winery, #130, Fresno, CA 93703. EOE, women and minorities are encouraged to apply.

**INTERNAL MEDICINE PHYSICIAN** (BC/BE) sought to join distinguished group of five others in a highly respected and successful practice situation in large east San Francisco bay city. The group owns its own modern building located in the heart of the medical community and within walking distance of two excellent hospitals. Excellent financial arrangements and benefits. Clinical faculty appointment with UCSF possible. For full details contact Mr Clifford Carpenter, (415) 834-7559, fax (415) 451-5517. CVs to 245 Lee St, Ste 109, Oakland, CA 94610.

**MEDICAL DIRECTOR:** HIV Clinic of Marin County, California. Full-time position approximately June, 1991 for MD with interest and experience in HIV Primary Care. Salary commensurate with experience, plus benefits. BC/BE, Family Practice, Internal Medicine. Send CV/résumé to Louise Fuller, AIDS Program, Department of Health and Human Services, 18 Professional Center Parkway, San Rafael, CA 94904; for information: (415) 499-6722.

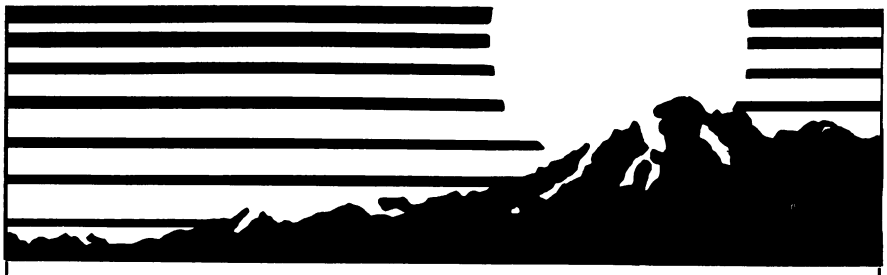
**FAMILY PRACTICE RESIDENCY FACULTY POSITION—CASPER, WYOMING.** University of Wyoming Family Practice Residency-Casper is seeking an experienced, clinically oriented, BC Pediatrician to be the Pediatric Coordinator of an 8-8-8 Family Practice residency program. Level II Nursery skills are a must. 60% teaching, 20% direct patient care, 20% research. This is a tenure track position. University approval will be required prior to filling this position. Come join us in beautiful Wyoming. The University of Wyoming is an affirmative action/EOE. Contact Dr David Driggers, Director, University of Wyoming Family Practice Residency, 1522 E. "A" St, Casper, WY 82601; (307) 266-3076.

**SOUTHERN CALIFORNIA—CLINICAL ALLERGISTS/IMMUNOLOGISTS AND PEDIATRIC PULMONOLOGIST**

Practice and career opportunities with the nation's largest and most respected physician-managed group practice in managed care. Practice and career opportunities available in major metropolitan and suburban areas for staff positions. For more information, send your CV to:

**Irwin P. Goldstein, MD, Associate Medical Director, SCPMG, KAISER PERMANENTE, Department 057, Walnut Center, Pasadena, CA 91188-8013; or call 1 (800) 541-7946.**

PHYSICIANS WANTED



# COLORADO OR UTAH

Attractive private practice opportunities now exist in both the Denver and Salt Lake City areas:

DENVER, COLORADO – A young, boarded Pediatrician practicing near our 200-bed hospital in the Denver suburbs for the past two years is now seeking an associate.

LAYTON, UTAH – A multi-speciality group here is seeking to add their third Pediatrician. Also, a three-physician group, with two offices, is in need of another member. Layton is 20 miles north of Salt Lake City and 15 miles south of Ogden.

For more information send CV to: Gordon Crawford, Manager, Professional Relations, Humana Inc., Dept. HH-4 , 500 West Main Street, Louisville, KY 40201-1438. Or call TOLL-FREE 1-800-626-1590.

**FAMILY PRACTICE.** We operate six Community Health Centers in central California. We have an opening at our new 7,000 square foot facility in Wofford Heights, located one hour east of Bakersfield in a beautiful mountain lakeside resort area. Full lab and x-ray services. Excellent salary and benefit package. Malpractice paid. This is a rare opportunity to combine a very attractive life-style and an excellent practice opportunity. Call George Johnston at (805) 845-3731 for details.

**GERIATRICS FACULTY POSITION.** The University of California, Davis, School of Medicine is recruiting for a full-time faculty position at the Assistant/Associate/Professor level to assist in an expanding Geriatric Program at UCD. The school has a major commitment to Geriatric Medicine and has already established a Center for Aging and Health. The candidate must be BC/BE in Internal Medicine with appropriate experience in an academic Geriatric/Gerontology program and must qualify for California licensure. A letter outlining research, teaching interests, Geriatric experience and a CV must be received by May 31, 1991. Send reply to John A. Robbins, MD, Internal Medicine, 2221 Stockton Blvd, Room 3107, Sacramento, CA 95817. The University of California is an Affirmative Action Equal Opportunity Employer.

**— FRINGE BENEFITS —**

**FAMILY PRACTITIONERS INTERNISTS, PSYCHIATRISTS RADIOLOGISTS**

We have just what the doctor ordered!
To discuss opportunities available call the

**MONTANA MEDICAL MANPOWER PROJECT**

**1 (800) 346-4733 Rich Oge**

or send résumé for courteous, confidential consideration to:

**2101 Clark Street, Miles City, Montana 59301**

**— FRINGE BENEFITS —**

**OB/GYN—SOUTHERN CALIFORNIA.** Career opportunities for ambitious Obstetricians desiring private practice. Growing, prestigious, university-affiliated south bay medical center is recruiting BC/BE physicians for expanding solo and group practices. Excellent compensation. Submit CV to J. Michaels, 2600 Cliff Dr, Newport Beach, CA 92663.

**PEDIATRICIANS—SOUTHERN CALIFORNIA.** Challenging career opportunities for Pediatricians desiring private practice. Growing, prestigious, university-affiliated south bay medical center is recruiting BC/BE physicians for expanding solo and group practices. Excellent compensation. Submit CV to J. Michaels, 2600 Cliff Dr, Newport Beach, CA 92663.

**IMMEDIATE OPENING.** BC, recently eligible, Internal Medicine. Assume substantial practice in three person group adjacent to Tri-City Hospital, Oceanside, California. Call (619) 724-8683.

**EMERGENCY MEDICINE UNIVERSITY POSITION.** The University of California, Davis, School of Medicine, is recruiting for a full-time faculty. The position will be at the Assistant or Associate Professor level. The Division of Emergency Medicine and Clinical Toxicology is undergoing rapid academic development and has an approved residency program in Emergency Medicine. The UCDMC Emergency Department provides comprehensive emergency service and is a major trauma center in northern California. The Department is a Paramedic Base Station and Training Center, and in addition, has an active Helicopter Service and Regional Poison Center. Candidates must be BC/BE in Emergency Medicine and be eligible for licensure in California. A letter outlining teaching background, interests, experience, and research in addition to a CV and the names of five references should be sent to Robert W. Derlet, MD, Chair, Emergency Medicine Search Committee, Tr 1219, University of California, Davis, Medical Center, 2315 Stockton Blvd, Sacramento, CA 95817. Applications will not be accepted after April 30, 1991. The University of California is an Affirmative Action/Equal Opportunity Employer.

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## PHYSICIANS WANTED

### SAN FRANCISCO BAY AREA BC/BE INTERNISTS

We are currently seeking highly qualified Internists and subspecialists to complement our energetic Internal Medicine team. Department members provide a full range of medical services for a population of over 200,000 pre-paid health plan members. Recently renovated and expanded medical center facilities are within convenient commuting distance to virtually any bay area city, and the extensive cultural and recreational activities of northern California. As part of our large, multispecialty group practice, you would enjoy an excellent salary, generous fringe benefits, a flexible schedule, and the opportunity for academic affiliation with prestigious local institutions. Send CV to:

**Winslow Wong, MD**
**Attn: Administration**
**Kaiser Permanente Medical Center**
**27400 Hesperian Blvd**
**Hayward, CA 94545**

EOE

**CHIEF, CLINICAL GERONTOLOGY SERVICE,** Rancho Los Amigos Medical Center, Director—Section of Geriatrics, Department of Family Medicine, University of Southern California. Unique opportunity to direct a well established rehabilitation-oriented Geriatric Program in one of the largest rehabilitation facilities in the world. BC Family Physician with CAQ in Geriatrics will direct the clinical Gerontology service of Rancho Los Amigos Medical Center and serve as the director of our ACGME approved Geriatrics fellowship program. This will include a full-time faculty appointment as director, Division of Geriatrics, Department of Family Medicine at USC, at rank appropriate to individual qualifications. Rancho serves as a regional training site in Geriatrics for four Family Practice residencies, medical students, and allied health students. As one of two national Rehabilitation Research and Training Centers on Aging, many opportunities exist for participation in ongoing research projects, and development of personal research and regional and national training programs. Interested parties should contact Robert Waters, MD, Medical Director, Rancho Los Amigos Medical Center, Chairman, Search Committee, 7601 E. Imperial Highway, Downey, CA 90242, or Peter V. Lee, MD, Professor and Chairman, Department of Family Medicine, USC School of Medicine, 1420 San Pablo St, B205, Los Angeles, CA 90033; (213) 342-1313.

**FULL TIME MD POSITION AT THE LEVEL OF ASSISTANT/ASSOCIATE PROFESSOR OF CLINICAL FAMILY PRACTICE** available in the Department of Family Practice, University of California, Davis. Must be BC by the American Board of Family Practice with interest, training, and/or experience in administration, teaching, research, academic publication, and Obstetric activities. The position will remain open until May 31, 1991. Send CV with list of three to five references to Robert C. Davidson, MD, Department of Family Practice, University of California, Davis, 2221 Stockton Blvd, Sacramento, CA 95817. The University of California is an affirmative action, equal opportunity employer.

**PEDIATRICIAN—**Salt Lake City area. Progressive community, excellent cultural and recreational opportunities. Thriving multispecialty practice or solo practice location. Top remuneration. Contact Scott Blakley, Tooele Valley Healthcare System, 211 South 100 East, Tooele, UT 84074; (801) 882-1697.

**OB/GYN—**Salt Lake City area. Progressive community, excellent cultural and recreational activities. Thriving independent practice in multispecialty group location with excellent coverage. Contact Scott Blakley, Tooele Valley Healthcare System, 211 South 100 East, Tooele, UT 84074; (801) 882-1697.

## PHYSICIANS WANTED

**PRACTICE OPPORTUNITIES.** Family Practice, Internal Medicine, and Obstetrics and Gynecology positions available in San Diego, California, Phoenix, Arizona, Seattle, Washington, and Salt Lake City, Utah. Contact Eric Bennett, PO Box 5316, Scottsdale, AZ 85261; (602) 998-4540.

**FEMALE PHYSICIAN** seeks partner in thriving practice of Primary Care Medicine and office Gynecology. Specializing in personalized health care for women. Located in a delightful, growing community 35 miles from San Francisco. Flexible hours. Contact Bonnie Rathjen, MD, 4102 Moller Dr, Pleasanton, CA 94566; (415) 462-6360 evenings.

**PEDIATRICIAN BC/BE.** Join established two Pediatrician practice. Monterey bay area of north central California. Salaried position with partnership opportunity. Excellent fringe benefits. Office located adjacent to modern 250-bed hospital. Community of 100,000 plus population. Call rotation divided among five physicians. Send CV to Number 235, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

**COASTAL SOUTHERN CALIFORNIA.** Seeking BC/BE Internist with subspecialty in Oncology to join a fast growing multispecialty group practice in north San Diego county. Generous compensation package; competitive salary, malpractice, medical/dental/life/AD&D/disability; wonderful living environment. Please send CV to Physician Recruitment, The Mission Park Medical Clinic, 2201 Mission Ave, Oceanside, CA 92054; or call (619) 967-4892.

**FAMILY PRACTICE PHYSICIAN.** Full-time in a busy walk-in medical clinic. Located in Visalia, California (Tulare County). Malpractice insurance, good salary, etc. Please call (209) 627-5555 for more information.

**INTERNIST—**Salt Lake City area. Progressive community, excellent skiing, hiking, as well as close proximity to major city. Independent or multispecialty group locations. Outstanding remuneration package. Contact Scott Blakley, Tooele Valley Healthcare System, 211 South 100 East, Tooele, UT 84074; (801) 882-1697.

**BEAUTIFUL MONTEREY BAY.** Immediate opportunity for a friendly, skilled, Family Practice or Emergency Physician to join highly respected Urgent Care group with two beautiful Santa Cruz clinics. Committed to high quality care. Nice people, flexible scheduling, comprehensive benefits, including paid malpractice, group health insurance, long-term disability insurance, no nights, rapid advancement to full partnership in an outstanding place to live. Please send CV to Stuart Simon, MD, 6800 Soquel Dr, Aptos, CA 95003; or call (408) 662-3611.

**MONTEREY BAY.** Immediate opportunity for full-time/part-time Internist/Family Practitioner to join busy, well established and respected group practice. Excellent laboratory and x-ray facilities. Send CV to Thorngate Medical Group, attn. Jean Reynolds, 1011 Cass St, Ste 201, Monterey, CA 93940.

**HAWAII.** Family Practitioner and Pediatrician needed for rural underserved area. Full-time position in non-profit community health clinic. No OB, hospitalizations optional. Desire dedicated person to work in multicultural setting. Contact Alan Chun, MD, Waianae Coast Comprehensive Health Center, 86-260 Farrington Hwy, Waianae, HI 96792; (808) 696-7081.

**THE DIVISION OF FAMILY MEDICINE** at the UCSD School of Medicine is recruiting physicians to staff clinical practices and to provide clinical supervision to residents and medical students at a variety of locations in San Diego county. Candidates should be BC in Family Medicine and licensed or eligible for licensure in the state of California. Responsibilities will include direct patient care. Salaries are competitive and commensurate with experience and qualifications. Candidates should send a CV and names of three references to David M. Baughan, MD, Director of Clinical Services, Division of Family Medicine (0807) UCSD, 9500 Gilman Dr, La Jolla, CA 92093-0807. The University of California, San Diego is an Equal Opportunity/Affirmative Action Employer.

## PHYSICIANS WANTED

**NEPHROLOGIST WANTS PARTNER/ASSOCIATE** BC/BE Gastroenterologist/Cardiologist/Nephrologist/Pulmonologist. Excellent practice, equal partnership opportunity without buy-in or overhead. Send CV to Dr M. Streger, 27800 Medical Center Rd, Ste 122, Mission Viejo, CA 92691.

**PRACTICE IN SAN DIEGO.** BC/BE Family Practitioner needed to associate with solo practitioner. Good call schedule, salary plus incentive bonus. Send CV to Rhonda Simpson, MD, 1809 National Ave, San Diego, CA 92113.

**NEWPORT BEACH.** Start up opportunity to associate with a busy General Internist. Flexible terms. Please send CV to John Homan, MD, 351 Hospital Rd, #411, Newport Beach, CA 92663; (714) 548-1278.

**WASHINGTON.** Openings for career oriented Emergency Physicians, BC in Emergency or Primary medical specialty. Seattle metropolitan hospital with 54,000 annual visits. Excellent salary in a stable growing group. Contact Dan Hiatt in care of Linda Johnson, 8009 S. 180th, Ste 110, Kent, WA 98032; (206) 575-2595.

**BC/BE FAMILY PRACTITIONER,** OB-competent, for nonprofit community clinic in California redwood country. Rural but sophisticated university town. Contact Donald Verwayen, Northcountry Clinic, 785 18th St, Arcata, CA 95521; (707) 822-2481.

**REDWOOD COAST.** Primary Physician for community health center providing quality care to low income population. Excellent hospitals, support services. Supervise midlevels. Unequaled life-style combines spectacular beaches and redwoods with amenities of university town. Contact M. Sterling, HODC, 770 10th, Arcata, CA 95521; (707) 822-2957.

**DON'T FORGET!**

The deadline for submitting classifieds for the June issue of WJM is April 25. Send your advertisement to:

**Classified Advertising**
**WJM, PO Box 7602**
**San Francisco, CA**
**94120-7602**
**(415) 882-3376**

(Continued on Page 480)

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PHYSICIANS WANTED

**PHYSICIAN OPPORTUNITIES NATIONWIDE**
For all specialities for hospitals, clinics, multi-specialty groups, partnership and solos. Contact Jim Grant in complete confidence at the bay area specialists. **Nugent & Grant, Inc, 1400 Coleman, Ste B-22, Santa Clara, CA 95050; or call (800) 727-2478, FAX # (408) 727-7390.** Never a fee to the physician.

**OREGON.** General Internal Medicine and Family Practice, BC/BE, sought for 10 member, multispecialty group in beautiful rural community, population 16,500, 38 miles southwest of Portland. Send CV to Administrator, 420 E. Fifth St, McMinnville, OR 97128; (503) 472-6161.

**WARM AND SUNNY ARIZONA.** Thomas-Davis Medical Centers, PC, a rapidly expanding multispecialty group practice of 150 plus physicians in 14 clinic locations throughout Arizona has positions available in Family Practice, Internal Medicine, Otolaryngology, OB/GYN, and Orthopedics. Exceptional fringe benefits, profit sharing, and retirement program. Guarantee for first two years, plus incentive. Early shareholder. Fee-for-service, as well as physician owned HMO. Must be BC/BE. Call or write Bill De Long at Thomas-Davis Medical Centers, PC, PO Box 12650, Tucson, AZ 85732; 1 (800) 658-9166.

**SAN FRANCISCO EAST BAY.** BE/BC Internist needed to join ten physician Primary Care group practice in beautiful San Ramon Valley area. Excellent opportunity and compensation. Reply in confidence to Number 223, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

**TWO INTERNISTS** seek an associate BE/BC Internist for busy Internal Medicine group practice located in a community of 60,000. Forty miles from San Francisco. Excellent modern hospital. Superb location in which to live and work. For more information write Thomas I. Paukert, MD, 3443 Villa Lane, Ste 6, Napa, CA 94558; (707) 252-8407.

**A BE/BC NEPHROLOGIST** is needed to join a two doctor practice in Nephrology forty miles from San Francisco. Excellent modern hospital with Chronic Dialysis unit next door. Superb location in which to live and work. For more information write Thomas I. Paukert, MD, 3443 Villa Lane, Ste 6, Napa, CA 94558; (707) 252-8407.

**SACRAMENTO, CALIFORNIA MEDICAL/LEGAL DISABILITY EVALUATIONS.** Opportunities available in Sacramento for BC physicians in Dermatology, Internal Medicine, Orthopedics, Ophthalmology, Otolaryngology, Psychiatry, Toxicology, and Neurology with a multispecialty medical group which provides forensic medical evaluations. This is an excellent opportunity to supplement income as well as associate with a well respected medical group whose practice is limited to evaluations. Send inquiry and CV to Terence Doyle, Disability Reporters, 2805 J St, Ste 305, Sacramento, CA 95816; (916) 444-8600.

**CENTRAL CALIFORNIA.** Hospital based teaching opportunity for OB/GYN in a new residency program at the KMC. Ideal candidate is a team player with a strong desire to teach residents. This UCLA affiliate has a busy OB department with 5,000 deliveries per year. Please contact Mary Letterii, Vice President, Physician Search Group, 120 Montgomery St, Ste 710, San Francisco, CA 94104; (415) 399-8840.

**FAMILY/GENERAL PRACTICE POSITION.** We are looking for a Family/General Practitioner to join a progressive small group practice in Berkeley, California, serving a very diverse patient population. We practice a wide range of adult medicine, general hospital medicine, office Pediatrics and Gynecology. There is no Obstetrics. Work hours are flexible and range from half- to full-time. The starting date and salary are negotiable. Minorities and women encouraged. Contact Linda Spangler, MD, Alcatraz Ave Medical Group, 1650 Alcatraz Ave, Berkeley, CA 94703; (415) 652-8680.

PHYSICIANS WANTED

# Come Enjoy a Quality *Inland Northwest* Lifestyle in Spokane, Washington

Join this well established 80 physician owned and operated multispecialty group offering excellent practice opportunities to the BC/BE physicians in the following specialties:

CARDIOLOGY
DERMATOLOGY
FAMILY PRACTICE
NEPHROLOGY
ENDOCRINOLOGY
OCCUPATIONAL MEDICINE
ORTHOPEDICS
PEDIATRICS
RHEUMATOLOGY

Attractive benefit package includes competitive salary leading to early shareholder status. High productivity is generously rewarded.

CONTACT: **Colleen Mooney, Recruitment Coordinator**

## Rockwood Clinic, PS

**E. 400 Fifth Ave**
**Spokane, WA 99202**
**(509) 838-2531**

**CENTRAL CALIFORNIA.** Anesthesiologist Medical Director needed for high volume teaching hospital. Opportunity to develop contract for services with Kern County. Successful candidate has good track record of leadership with solid clinical background. Please contact Ken Baker, President, Physician Search Group, 120 Montgomery St, Ste 710, San Francisco, CA 94104; (415) 399-8840.

**INTERNIST.** Immediate opening. Large, established, rapidly growing Los Angeles medical facility. High salary. Full benefits. Malpractice insurance paid. Contact Mr Miller; (213) 384-2504.

**INTERNIST WANTED.** Internal Medicine physician wanted to join an Internal Medicine group in San Diego, California. Guarantee plus commission, opportunity to join full partnership in two years. Reply to Number 231, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

**INTERNAL MEDICINE—OREGON-COLUMBIA GORGE.** Outdoor recreation, a progressive well-equipped hospital, and proximity to Portland make this an exceptional opportunity for a solo General Internist. Hospital offering income guarantee, and start up expenses for two years, plus interview and relocation expenses. Critical care experience required. Ski, boat, fish, hike, and hunt out your back door. For info call Alex Johnson, 1 (800) 327-1585.

**FAMILY PRACTICE,** BC/BE to join group practice in growing southwestern town. Full service clinic, 280-bed hospital. Offering competitive salary, equal call schedule, partnership. Contact Myrna Hughes, Arizona Western Medical Center, 2149 W. 24th St, Yuma, AZ 85364; (602) 344-1400.

**SOUTHERN CALIFORNIA EMERGENCY PHYSICIANS**

Practice and career opportunities with the nation's largest and most respected physician-managed group practice in managed care. Practice and career opportunities available in major metropolitan and suburban areas for staff positions. For more information, send your CV to:

**Irwin P. Goldstein, MD, Associate Medical Director, SCPMG, KAISER PERMANENTE, Department 057, Walnut Center, Pasadena, CA 91188-8013; or call 1 (800) 541-7946.**

**INTERNAL MEDICINE—NORTHERN CALIFORNIA.** Four season recreational area in northern California with mild temperature, offers skiing, boating, and hiking. Six person Primary Care group seeks General Internist with Critical Care expertise. Comprehensive benefits, income guarantee. Call Alex Johnson, 1 (800) 327-1585.

**PEDIATRICIAN,** BC/BE to join group Family Practice/Pediatrics. Growing community with growing pediatric population. Active Nursery Level II hospital and nursery with NNP coverage. Offering competitive salary, equal call schedules, partnership. Contact Myrna Hughes, Arizona Western Medical Center, 2149 W. 24th St, Yuma, AZ 85364; (602) 344-1400.

**MEMORIAL CLINIC** offers excellent opportunity for BC/BE Family Practitioner to establish a second Family Practice neighborhood clinic. OB optional. Competitive salary and excellent benefits. Send CV to Memorial Clinic, Attention Inge Hart, 500 Lilly Rd, N.E., Olympia, WA 98506; (206) 456-1122, ext 249.

**WASHINGTON, PUGET SOUND.** Part- or full-time Emergency Department practice with low volume, excellent medical staff, and great freedom of scheduling. Malpractice paid. Independent contractor. Send CV to TECP, 955 Tacoma Ave S., Ste 210, Tacoma, WA 98402.

**WASHINGTON, PUGET SOUND.** Full- or part-time position with expanding physician owned group. Well established, practicing adult Emergency Medicine. High level of Critical Care with excellent medical staff. Great flexibility in scheduling to enjoy the northwest. Partnership potential. Malpractice paid. ABEM certification or preparation required. Send CV to TECP, 955 Tacoma Ave S., Ste 210, Tacoma, WA 98402; (206) 627-2303.

**CALIFORNIA, BERKELEY.** Experienced Emergency Room, Family Practice, Internal Medicine, and Urgent Care Physicians sought to staff an inpatient service at a large community hospital. Excellent hours (no nights) and compensation. Applicants must be BC/BE in either Emergency Medicine, Family Practice, or Internal Medicine. Job parameters may be configured to accommodate full- or half-time commitments. Please send CV to Joan Wendell, Office Manager, PO Box 5138, Berkeley, CA 94705.

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## PHYSICIANS WANTED

**Salt Lake Clinic**

**333 S. 900 East, Salt Lake City, UT 84102**

Salt Lake Clinic is seeking qualified candidates in:

- Obstetrics/Gynecology
- Pediatrics
- General Internal Medicine
- Nephrology

The Salt Lake Clinic celebrated its 75th anniversary in 1990, and is committed to providing high-quality medical care at a reasonable price. The clinic and its six satellite offices, all located in the Salt Lake Valley, are near an abundance of family oriented neighborhoods, schools, churches, and cultural and recreational opportunities. The community supports a symphony, ballet, professional sporting events, and seven different ski resorts within 45 minutes of the city. Please submit CV to Jane Renwick, medical staff secretary; or call (801) 535-8319.

**OBSTETRICS/PEDIATRICS.** Small multispecialty group seeks second Pediatrician and OB/GYN to work with present physicians. Excellent compensation and benefits. Looking for long-term partnership. Call or send CV to Craig Kaner, Administrator, All Care Medical Group, 2675 E. Slauson Ave, Huntington Park, CA 90255; (213) 589-6681.

**INTERNAL MEDICINE.** Full-time BC/BE Internist for multispecialty group in southeast Los Angeles. Office/hospital and consulting practice. Spanish a plus. Top salary, benefits, and malpractice insurance. Potential for partnership second year. Send CV to Craig Kaner, Administrator, All Care Medical Group, 2675 E. Slauson Ave, Huntington Park, CA 90255; (213) 589-6681.

**FAMILY PRACTITIONER.** Full-time, BC/BE for growing multispecialty medical group in southeast Los Angeles. Some Spanish helpful. Top salary, benefits, and malpractice. Partnership potential second year. Send CV or call Craig Kaner, Administrator, All Care Medical Group, 2675 E. Slauson Ave, Huntington Park, CA 90255; (213) 589-6681.

**OCCUPATIONAL MEDICINE PHYSICIAN.** Modesto Occupational Medical Clinic is looking for a full-time physician. We are a young, thriving high-volume practice in need of an additional physician who is BC/BE or with experience in Occupational Medicine. We are a full service clinic with x-ray, Physical Therapy, and all equipment for Occupational Monitoring. We have a large client company base with several years of experience. This person must have good clinical skills, be highly motivated, be energetic, and looking for a challenging career. Position may include administrative and clinic responsibilities with opportunity for partnership. We are located in the central valley two hours from both San Francisco and several excellent ski resorts in the Sierra Nevada. Please contact Susan Hooper, 1600 Sunrise, Ste 16, Modesto, CA 95350; (209) 529-6234.

**EMERGENCY PHYSICIAN.** Immediate opening; competitive salary, occurrence insurance. New facility, low volume Emergency Department. Rural location, excellent outdoor recreation; hunting, fishing, hiking, skiing. ACLS/ATLS required. Send CV to Steven P. French, MD, 190 Arrowhead, Evanston, WY; or call (307) 789-3636.

**SOUTHERN CALIFORNIA** (San Diego County). Thriving coastal city of Encinitas. Three physician Family Practice group plus Psychologist seeking residency trained Family Practitioner. Located in new Primary Care/multispecialty full service facility eight minutes from hospital. Send CV to NCFMG 477 El Camino Real, A306, Encinitas, CA 92024.

**FAMILY PRACTICE—FRESNO.** Family Practice, Emergency Room, Occupational Medicine Physician BC/BE to join expanding group to provide Family Medicine, Occupational Medicine, and Urgent Care Medicine in a well equipped clinic setting. Competitive salary with incentive plan, paid malpractice. Send CV to Medical Director, 3636 N. First St, Ste 162, Fresno, CA 93726; (209) 221-2022.

## PHYSICIANS WANTED

KAISER PERMANENTE

*Good People. Good Medicine.*

**NORTHERN CALIFORNIA**

Several positions available for Family Practice, Internal Medicine, and most medical subspecialties. We are a young, aggressive group in a well known prepaid group practice HMO organization with excellent benefits and a very reasonable call schedule. You will have a rewarding practice opportunity with ample time to enjoy the mountains and San Francisco which are nearby. If interested please call or send CV to Physician Recruitment, Administration, The Permanente Medical Group, Inc, 1305 Tommydon St, Stockton, CA 95210; (209) 476-3300.

**OB/GYN—OREGON-COLUMBIA GORGE.** Outdoor recreation, a progressive well-equipped hospital, and proximity to Portland make this an excellent opportunity for someone wanting a ¾ to full-time OB/GYN practice. Join two OBs in a new office adjacent to the hospital. Do 100-plus deliveries per year and have time to enjoy the great outdoors—skiing, hiking, boating, fishing, camping, and cycling. Generous first year salary and bonus plus complete benefits. For info call Alex Johnson, 1 (800) 327-1585.

**FAMILY PRACTICE-HOSPITAL SPONSORED CLINIC OPPORTUNITY.** Dynamic, growth oriented hospital in beautiful north central Wisconsin is seeking Family Physicians to join a growing practice in a new facility. The administrative burdens of medical practice will be minimized in this hospital managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Kari Wangsness, Associate, The Chancellor Group, Inc, France Place, Ste 920, 3601 Minnesota Dr, Bloomington, MN 55435; (612) 835-5123.

**ORTHOPEDIC SURGEON.** University of California, San Francisco seeks a BC/BE Orthopedic Surgeon to fill a faculty/staff position at the Valley Medical Center, Fresno. The Orthopedic Department at VMC supports a busy Trauma Service and actively participates in teaching residents in General Surgery, Emergency Medicine, and Family Practice. This position also offers private practice opportunities in a setting within the faculty group. Competitive salary and benefits. The central California location offers affordable and enjoyable year-round recreational living. Address inquiries and CVs to H. B. Morgan, Jr, MD, Chief of Orthopedics, 2212 N. Winery, #130, Fresno, CA 93703. EO/AA employer, women and minorities are encouraged to apply.

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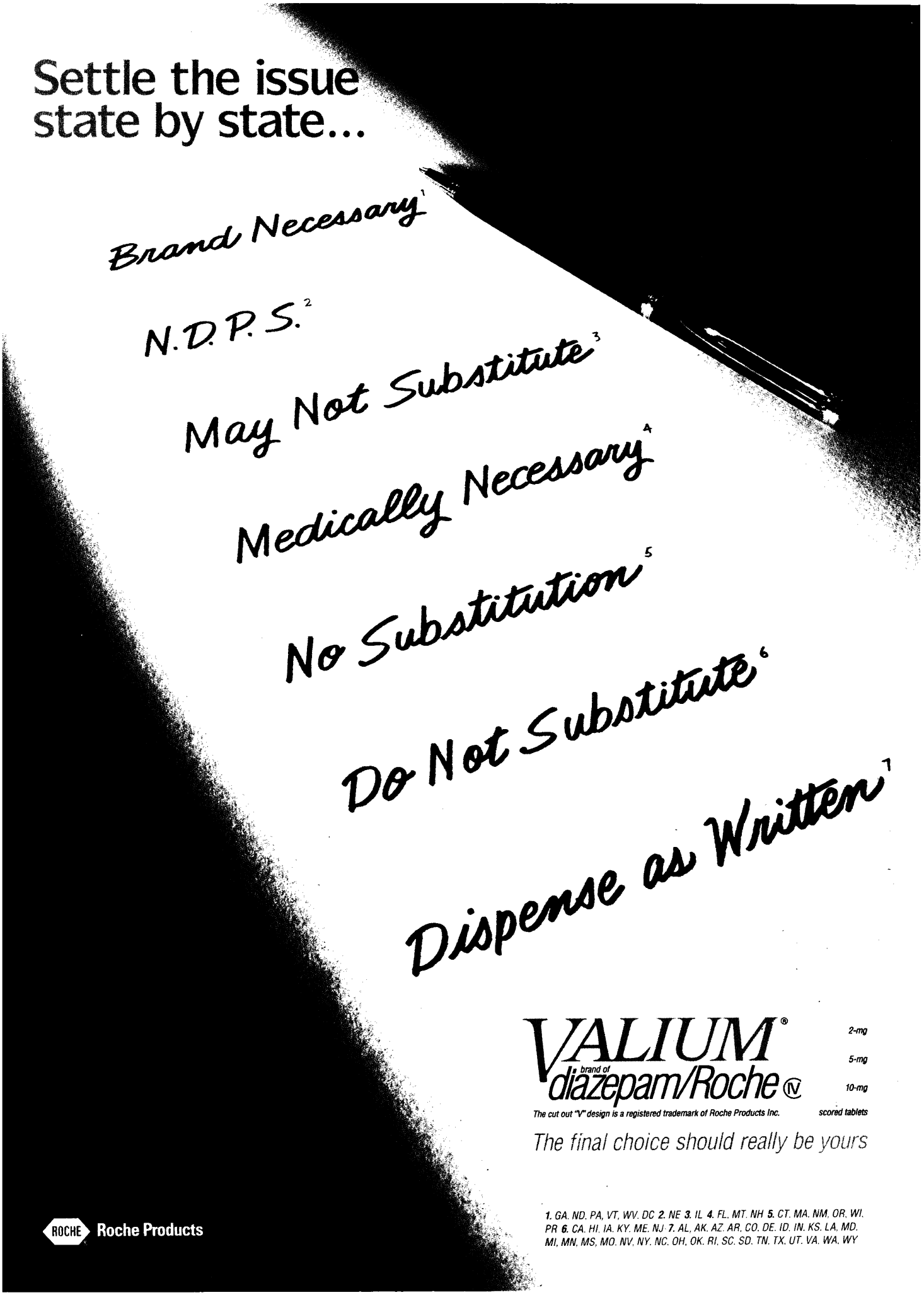


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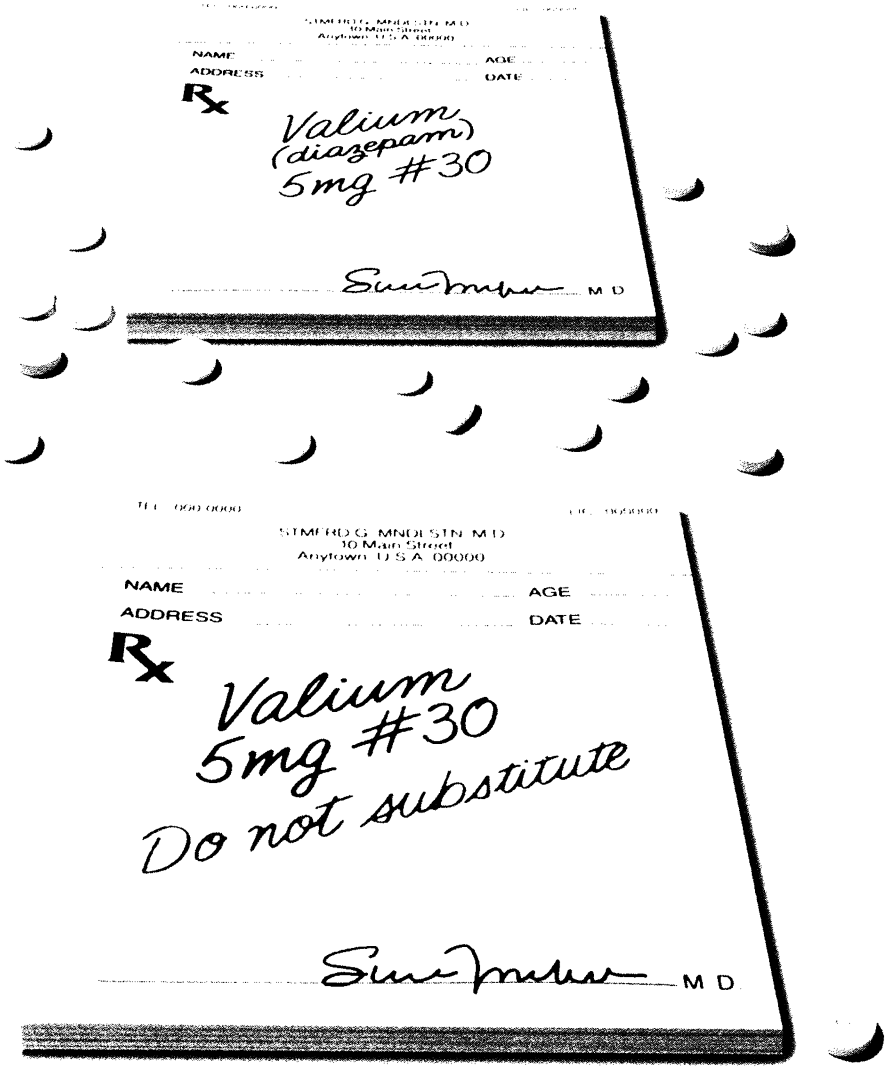


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